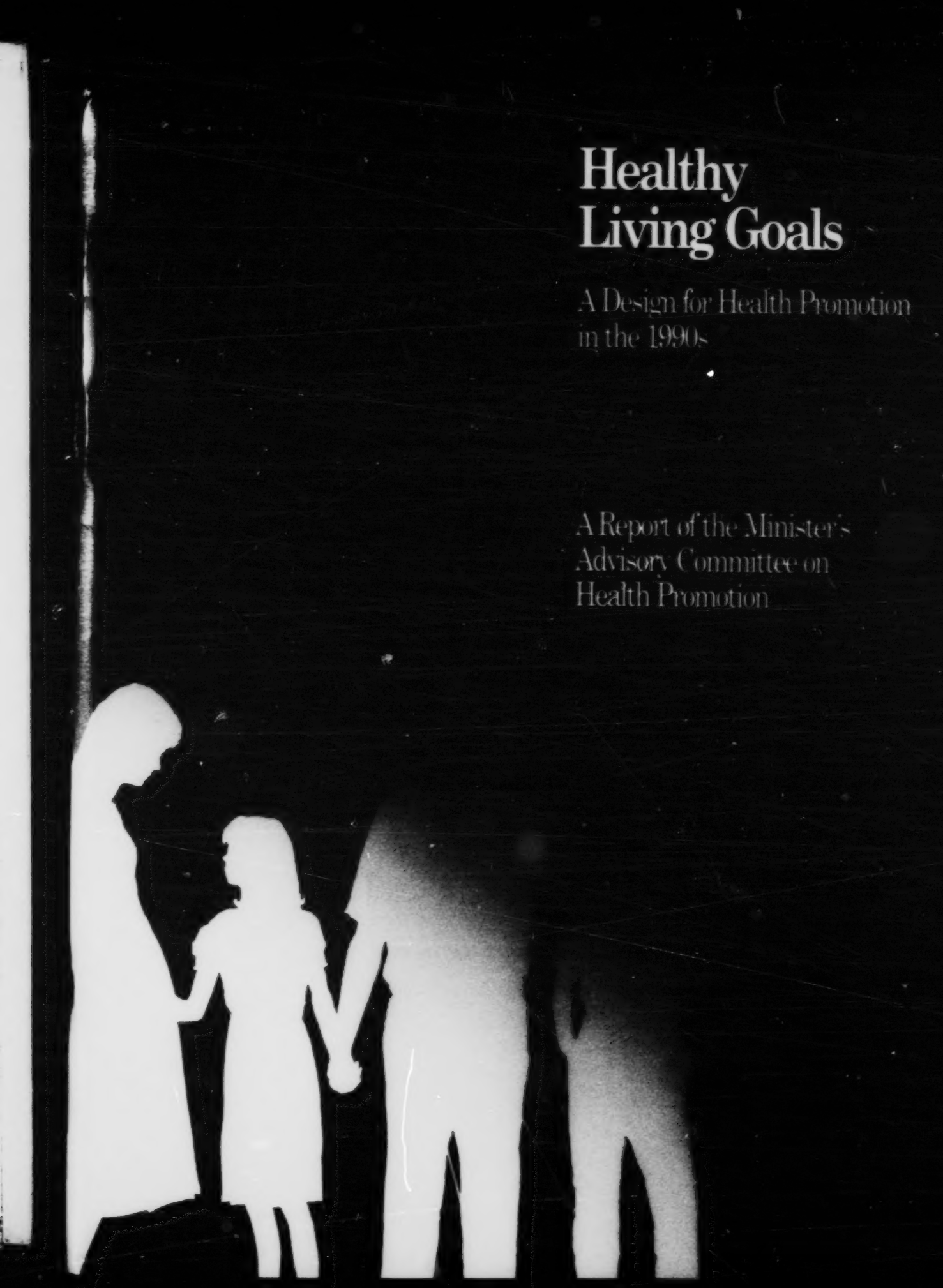
Healthy Living Goals

A Design for Health Promotion in the 1990s

A Report of the Minister's Advisory Committee on Health Promotion



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Introduction

Health Goals Process

One of the main tasks of the Minister's Advisory Committee on Health Promotion was to develop health promotion goals, objectives and strategies. The goals, objectives and strategies focus provincial efforts so that people in Saskatchewan have the best opportunities for good health and well-being throughout their lifespan. Formed in December, 1988, the Minister's Advisory Committee on Health Promotion includes representatives from 13 major health groups and associations in Saskatchewan.

We have developed this document through a consultative process with non-governmental organizations, Regina City Health, Saskatoon Community Health Unit, University of Saskatchewan's Health Status Research Unit and government departments. We reviewed the health status of Saskatchewan people to identify the major causes of death and disability or illness and provide a basis for identifying priorities for change. On October 2, 1989, representatives from 35 agencies and stakeholder groups met to draft health promotion goals.

At our February, 1990 meeting, the expanded Advisory Committee decided that expert committees were required in each goal area. These expert committees strove to develop ways to measure our progress towards achieving the objectives by the year 2000 and action strategies. Their recommendations were distributed to 130 health agencies and other interested organizations for comment. The revised recommendations were submitted to us and we considered them for inclusion in the final document. We reviewed, revised and sent the document to the Minister of Health who released it to the public.

The baseline information and indicators which were identified to measure progress are outlined in *Indicators for Healthy Living Goals*. Contact Health Promotion Branch, Saskatchewan Health, 3475 Albert Street, Regina, S4S 6X6 to request a copy.

Purpose of the Document

Healthy Living Goals is intended to be a working tool for individuals, communities, agencies, organizations, health service providers and government bodies to help them identify and act on health promotion issues which they are concerned about. It provides a menu of strategies (activities) in the following areas:

- health equity
- healthy environments
- accident prevention
- alcohol and drug abuse
- communicable disease

- mental health
- nutrition
- physical activity
- smoking

We hope to see Saskatchewan people use this document and work together to plan, carry out programs, services, policies and related community activities to address health issues.

Health Promotion

Health promotion is:

- the process of enabling people to increase control over, and to improve, their health
- movement towards a positive health focus

Health promotion includes:

- self-care, or the decisions and actions people take in the interest of their own health
- the actions people take to help each other
- the creation of conditions and surroundings conducive to health

Everyone Wins is a health promotion program developed by Saskatchewan Health to help people choose and follow healthy living practices.

Some Emerging Trends

Every year more and more people are taking responsibility for their health and making **choices conducive to good health.** They are changing their lifestyles to maintain and promote their personal health. Some things they are doing are:

- giving up smoking
- increasing their activity level
- paying closer attention to what they are eating
- wearing their seat belts and seeing that their passengers do as well

Many Saskatchewan residents recognize that **lifestyle factors** affect the health of unborn infants. Many expectant mothers are trying to eat nutritiously, and refrain from smoking and using alcohol during pregnancy.

On the community level, people are demanding legislation to make smoke-free environments accessible to everyone. They are setting their own health priorities and implementing unique health promotion programs.

Life expectancy in Saskatchewan ranks among the longest in the developed world. In comparison to the other provinces in Canada, Saskatchewan women live the longest (80 years), and men the second longest (74 years).

Although absolute length of life is increasing, **life expectancy free of disability**, a measure recently developed to measure the quality of life, suggests that people are living longer but with health problems during these later years.

The most **common causes of death** in Saskatchewan are heart disease, cancer, respiratory diseases, accidents and suicide. Accidents, especially traffic accidents, are the major cause of death for those under 45 years of age. Many lifestyle and environmental factors contribute to increased risk of premature death.

The Saskatchewan Commission on Directions in Health Care was disturbed to note that **health inequities exist** in Saskatchewan, particularly among the Indian population and people who live in the North compared to the rest of the population. The life expectancy of northern men is about five years less than men in the south and for women four years less. A number of factors contribute to the high incidence of illness, disease and premature death. This suggests that some health promotion goals, objectives and strategies may vary from region to region.

Current trends indicate that by the year 2000 the **number of seniors will increase** and most people will live in urban areas. Health promotion initiatives can help people increase their quality of life while remaining independent.

The only area of **non-urban Saskatchewan** which will likely increase in population is the North. Even today, communities such as La Loche, Buffalo Narrows and Cumberland House have populations which are very much younger than southern communities of the same size. By the year 2000 the number of aboriginal people in the province is expected to increase.

Health Promotion Action

These and other factors have an impact on the strategies which Saskatchewan people will develop to achieve the health goals and objectives by the year 2000. We would like you to examine each goal, objective and strategy contained in the following pages.

The strategies are divided into sections according to the World Health Organization's (WHO) *Ottawa Charter for Health Promotion* for action to achieve health for all by the year 2000 and beyond. The Ottawa Charter was developed by participants from 38 countries who are convinced that if people in all walks of life, join forces in introducing health promotion action strategies in the following areas, health for all by the year 2000 will become a reality:

1. **Develop Personal Skills** through education and information. By doing so, it increases the options available to people to exercise more control over their health and environments and to make choices conducive to health.
2. **Create Supportive Environments** that are safe, stimulating, satisfying and enjoyable and conducive to making healthy lifestyle choices.

3. **Strengthen Community Action** in setting priorities, making decisions, planning and implementing strategies to achieve better health.
4. **Build Healthy Public Policy** by putting health on the agenda of policy makers and making them aware of the health consequences of their decisions and their responsibility for health.
5. **Reorient Health Service** by complementing health care with health promotion.
6. **Research/Evaluation** In addition to the five health promotion actions outlined in the Ottawa Charter, it was determined that research/evaluation constituted an additional action strategy for health promotion in Saskatchewan. Research/evaluation strategies address areas where more information is required.

While many of the proposed strategies are specific to a single objective, several strategies such as health education in schools, improved self-esteem, creating supportive family environments, adequate income and housing can contribute to achieving many different health promotion goals.

With determination and imagination, individuals and communities can successfully meet the health challenges of today and of tomorrow.

Goals and Objectives

Goal 1 Increased Equity in Health Status

Objective:

By the year 2000:

By improving the health of disadvantaged groups, the differences in health status between high and low income groups, various geographical groups, and identifiable cultural groups in Saskatchewan will be reduced by 50 per cent.

Goal 2 Improved Environments for Healthy Living

Objectives:

By the year 2000:

100 per cent of the Saskatchewan population will have access to safe and adequate drinking water.

All aquatic recreational facilities in Saskatchewan will have safe water quality.

Saskatchewan's outdoor air quality will not exceed 25 (good), as measured by the Air Quality Index.

All people in Saskatchewan will live, work and play in indoor environments which meet the national/provincial air quality standards or objectives.

Exposure to harmful chemicals in industrial, agricultural and domestic use will be reduced by 50 per cent.

There will be at least a 50 per cent reduction in the production of landfill waste.

Goal 3 Reduced Accidental Injuries and Deaths

Objectives:

By the year 2000:

There will be less than 40 injuries from traffic accidents for every hundred million vehicle kilometres (mvk) traveled each year.

There will be less than one death from traffic accidents for every hundred million vehicle kilometres (mvk) traveled each year.

Due to accidents in the workplace there will be less than two time-loss injuries per 100 workers each year.

Due to accidents in the workplace there will be less than five deaths per 100,000 workers each year.

More than 80 per cent of the adult population will take steps to reduce injuries in the home.

More than 80 per cent of the farm population will take steps to reduce injuries on the farm.

A reliable monitoring system will be in place to provide information about injuries occurring in the home, on the farm, in the workplace, and during sports and leisure activities.

Goal 4 Reduced Use of Substances Which May be Harmful to Health

Objectives:

By the year 2000:

More than 75 per cent of youth (12 - 18 year olds) will not use alcohol or other drugs.

More than 95 per cent of young adults (19 - 34 year olds) will not use illicit drugs.

More than 80 per cent of adults will demonstrate responsible behavior concerning the use of alcohol.

More than 80 per cent of adults will practice safe use of medications.

Goal 5 Reduced Occurrence of Communicable Diseases

Objectives:

By the year 2000:

More than 95 per cent of children (six year olds) will have all of their recommended immunizations.

More than 80 per cent of the at-risk adult population will be aware of the immunizations which are both available and recommended.

The annual incidence rates of sexually transmitted diseases (STDs) will be less than:

175/100,000 for chlamydia;

65/100,000 for gonorrhoea;

15/100,000 for herpes;

the current annual number of new reported HIV positives.

95 per cent of youth (12 - 18 year olds) and young adults (19 - 34 year olds) will be aware of behaviors which prevent the transmission of sexually transmitted diseases (STDs).

The incidence of infectious diarrheal diseases, which are commonly transmitted through food and water, will be reduced by 20 per cent.

More than 90 per cent of the public will be aware of the major factors contributing to water and food-borne illnesses.

100 per cent of commercial food workers will be aware of the major factors contributing to water and food-borne illnesses.

The annual rate of new cases of tuberculosis (TB) will be less than 10/100,000 and the annual rate of reactivated cases of tuberculosis will be less than 1/100,000.

More than 75 per cent of the at-risk population will be aware of how tuberculosis is transmitted.

Goal 6 Improved Mental Health for All

Objectives:

By the year 2000:

100 per cent of the Saskatchewan population will be aware of the major factors contributing to, and will be able to identify opportunities to promote, good mental health.

100 per cent of the Saskatchewan population will be aware of the causes, the factors contributing to, and the social costs to families, of mental illness in Saskatchewan.

100 per cent of employers and employees and employee organizations will be aware of work-related contributors to good mental health.

More than 75 per cent of the population will live in a positive, supportive environment.

More than 75 per cent of people with mental illnesses and their care-givers will live in a positive, supportive environment.

More than 75 per cent of the population will live with a sense of personal health and well-being.

More than 75 per cent of the population will experience personal control over their lives.

More than 80 per cent of the population will feel safe and secure in their home and community.

Goal 7 Improved Nutrition of the Population

Objectives:

By the year 2000:

More than 75 per cent of the population will eat foods following *Canada's Guidelines for Healthy Eating*.

More than 75 per cent of the population will be aware of the general directions for eating as outlined in *Canada's Guidelines for Healthy Eating.*

More than 75 per cent of the population will consume diets that are low in fat, and high in complex carbohydrate.

More than 75 per cent of the population will be aware of the benefits of choosing low fat, high complex carbohydrate diets.

99 per cent of the population will have access to sufficient food on a daily basis.

75 per cent of public places will provide nutritious food choices allowing patrons to follow *Canada's Guidelines for Healthy Eating.*

Goal 8 Improved Health Through Increased Physical Activity

Objectives:

By the year 2000:

85 per cent of the population will be aware of the benefits of regular physical activity.

More than 90 per cent of the population will participate in regular physical activity.

More than 60 per cent of the population will participate in regular physical activity of such an intensity that it improves cardiovascular health.

Goal 9 Reduced Use of Tobacco

Objectives:

By the year 2000:

More than 90 per cent of youth (12 - 18 years old) will not use tobacco products.

More than 85 per cent of adults will not use tobacco products.

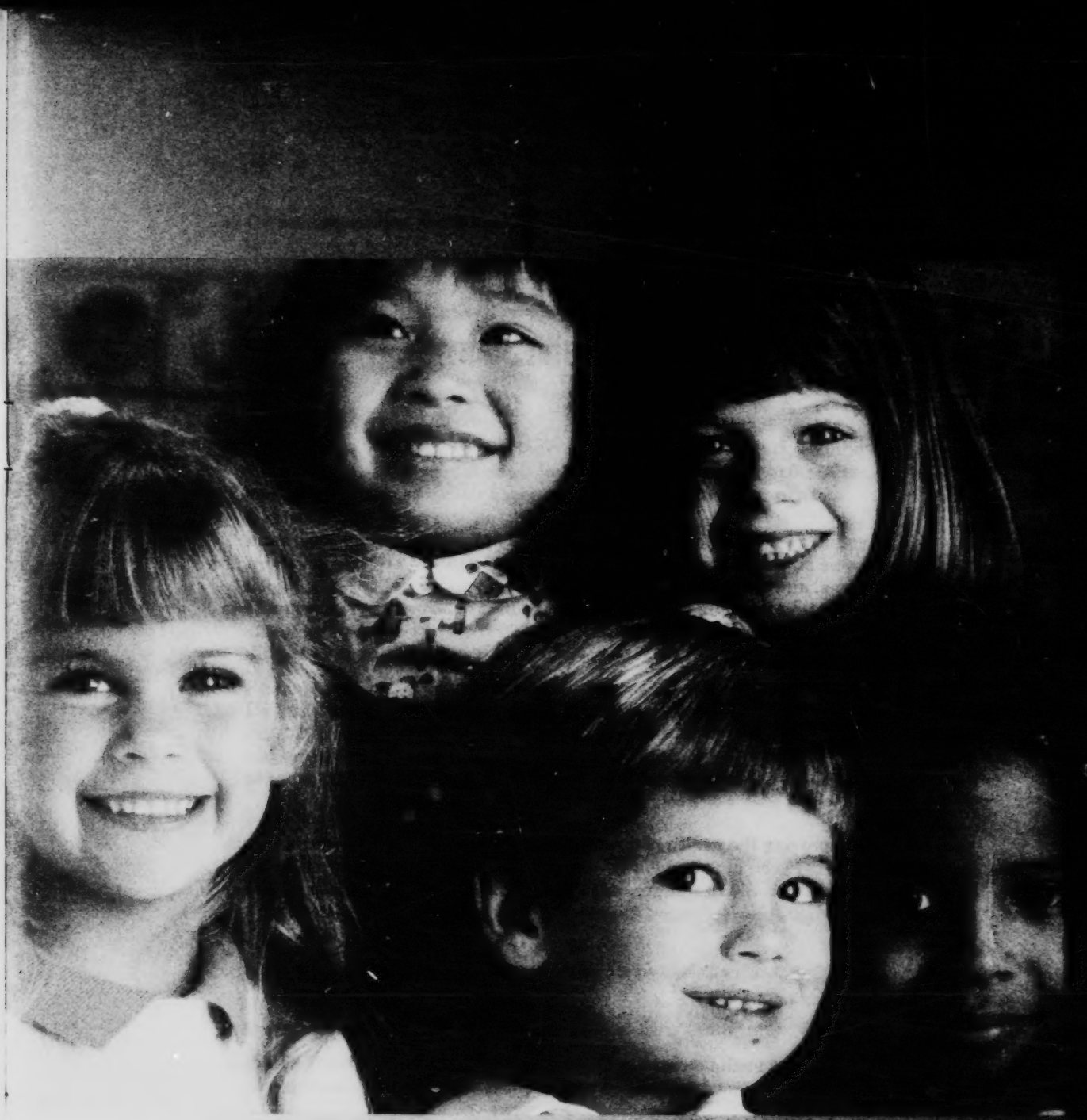
100 per cent of schools (including post-secondary institutions) will be smoke-free.

75 per cent of workplaces will be smoke-free.

100 per cent of acute health care facilities will be smoke-free.

85 per cent of public places will be smoke-free.

75 per cent of the population will be aware that smoking is a leading risk factor for heart and lung disease and cancer, and is addictive.



GOAL 1

Increased Equity in Health Status

Available information shows health status differences among geographic, income and ethnic/racial groups in Saskatchewan. On average, northern, low income, and aboriginal groups have higher infant mortality rates, higher accident rates and higher communicable disease rates than the general Saskatchewan population.

OBJECTIVE:

By the year 2000:

By improving the health of disadvantaged groups, the differences in health status between high and low income groups, various geographical groups, and identifiable cultural groups in Saskatchewan will be reduced by 50 per cent.

Strategies:

How to Develop Personal Skills Through Education and Information

a) **Use the media creatively in its information, entertainment and social marketing modes to increase awareness about the effects of:**

- **poverty, hunger, poor education, violence, and unhealthy lifestyles on health**
- **unemployment and illiteracy on health**
- **racial, sexual, cultural and age discrimination on health**
- **the economic contribution which can be made by a healthy population**

b) Target information about health inequities, and ways to overcome them to:

- community leaders
- policy makers in local and provincial government
- health and other human service professionals
- educators
- employers

c) Include learning opportunities for cross-cultural communication in the formal education of professionals in health, law, education, and social and other human services. (Experiential learning, involving personal discovery, may be preferable to formal teaching.)

d) Provide employment opportunities for more members of minority groups in the health field.

e) Develop curriculum material which provides positive images of various ethnic groups, a multicultural society, different gender roles and different age groups (seniors in particular).

f) Promote pre-employment, job entry, lifeskills, and occupational training. Do this through volunteer agencies, employment services, educational institutions, community and church groups. Ensure that eligible individuals and families are made aware of support programs and services that are available to them, and how to gain access them.

How to Create Supportive Environments

a) Encourage and support community development approaches to create supportive, healthy environments that reduce health inequities through:

- identifying and supporting traditional and emerging community leaders
- providing information to communities about their health status and major health threats

b) Promote multiculturalism and a positive image of ethnic minorities.

c) Where institutional racism exists, take steps to end it, for example through employment and education equity programs.

d) Promote programs and services to support and assist:

- single parent families to cope with the tasks of child rearing
- caregivers

e) Improve the education system to ensure that people develop the skills necessary for meeting the literacy demands of today's society.

f) Support public and voluntary organizations in health and other human services which provide alternative educational approaches and understandable materials for people with low literacy skills.

g) Improve access to family planning services.

h) Implement crisis and emergency programs.

How to Strengthen Community Action

a) Encourage multicultural festivals and celebrations which foster positive images and relationships between cultural and racial groups.

b) Encourage community groups working alone or in coalitions to provide outreach services for groups in need of basic prerequisites for health such as healthy food, adequate housing, meaningful work, and adequate pay. These efforts must involve the target groups in planning and evaluating programs, without overburdening or adding to already stressful lives.

c) Encourage businesses, employers and service clubs to give to community programs which promote health.

d) Encourage community groups to lobby for resources for the voluntary sector.

e) Encourage community organizations, municipal, provincial and federal governments to explore ways of cost-sharing to lessen hunger, while supporting mechanisms that could reduce the need for hunger relief.

How to Build Healthy Public Policy

a) Encourage policy makers at all levels to:

- endorse the principle that all human beings have the right to make informed health decisions
- support community development processes that focus on improving population health
- introduce legislation to provide fair benefits for full time, part-time and seasonal workers
- require equal pay for equal work
- publish an annual health status report for the province, focusing on comparisons with other jurisdictions, and major health risk factors
- support programs which ensure adequate, minimum income

b) Encourage all government and municipal departments to examine the impact their policies will have on health.

c) Ensure that policies and regulations related to safety and health in the workplace consider the needs of people with low literacy skills.

d) Establish and enforce health standards for rental accommodation.

e) Support a variety of literacy programs, ensuring they are available to rural and remote as well as urban communities.

f) Increase the allocation of resources to help increase parenting skills, to reduce the need for resources for child welfare and protection services.

g) Maintain publicly funded and controlled, preventive and curative health services, regardless of people's ability to pay.

h) Increase support for community-based health initiatives and devolution of power in health promotion decision-making.

How to Reorient Health Services

a) Reduce barriers to use of health services. For example location of services which are not easily accessible by public transportation, cultural or language barriers or appointment scheduling are barriers to use of health services.

b) Encourage health service providers to:

- continue to support self-help groups
- provide advocacy and interpreter services for cultural or linguistic minorities using health services
- provide health information to people in a manner that accommodates those with low literacy skills
- accept responsibility for ensuring that eligible individuals and families are aware of support programs and services and how to gain access to them
- promote development of first-aid and CPR skills by all members of the public

c) Reorient health services to emphasize health promotion services.

d) Strengthen the role of public health nurses in school and community health promotion programs.

Research/Evaluation

a) Support research into:

- identifying health risk factors and changes in health status
- evaluating the effectiveness of common medical, nursing and pharmaceutical procedures as well as health promotion activities and programs
- developing quality of life indicators and measures of well-being

b) Collect neighborhood data within cities and rural areas and assess available resources so health promotion resources and programs are developed where required.

c) Support initiatives that involve community members in setting priorities and planning, developing and implementing health promotion research.

d) In addition to health promotion goals, develop population health goals for the province.

Strategies in Health Promotion Specific to Aboriginal People:

How to Develop Personal Skills Through Education and Information

a) Improve networking among people interested in health promotion for aboriginal people.

b) Develop an inventory of health workers, speakers, teaching packages, programs, services and promotion material for aboriginal people.

c) Provide conferences which incorporate ways to make an impact in the community.

d) Use more health promotion materials developed by and for aboriginal people.

e) Encourage qualified aboriginal people to deliver health promotion programs.

f) Develop aboriginal community facilitators with expertise in specific areas to conduct workshops and contact various groups to promote health and increase knowledge about ways to remain healthy.

g) Conduct participatory workshops on health promotion in locations where aboriginal population is substantial and in easily accessible facilities such as schools, friendship centres/inns, youth centres, health clinics, nursing stations and treatment centres.

h) Upgrade federal community health representative (CHR) and provincial community health worker (CHW) training. Encourage recognition of CHRs and CHWs as health professionals.

i) Promote the health of aboriginal people:

- in schools, recreational facilities, friendship centres, community clinics, treatment centres, halfway houses and youth holding centres
- within existing political structure
- by committees of concerned people

j) Use a variety of media to promote health messages among aboriginal people such as:

- videos
- arcade games
- RAP and other music
- teaching kits
- newspapers (advertising and articles)
- animated tv commercials aimed at children
- radio (involve communities in development, translate message into aboriginal languages)

- association newsletters
- advertisements on items people use, for example milk cartons

k) Provide interpreter services for aboriginal residents seeking health information. Many elderly people speak little English.

l) Use role models to get health promotion messages to aboriginal people.

m) Include aboriginal people in health promotion material.

n) Involve the aboriginal community when developing health promotion and educational materials.

o) Develop health promotion material in aboriginal languages.

p) Distribute health promotion material where aboriginal people live, not just where the health service providers are located.

q) Educate aboriginal people on the importance of health promotion practices to preserve health.

r) Encourage Saskatchewan Education to reorient health education, incorporating aspects of home, school and community responsibility.

s) Increase the priority of health education for teachers in university, providing them with necessary skills and tools to teach health promotion.

t) Integrate health in other areas of study in schools.

u) Develop a culturally appropriate, interactive, fun, health promotion program in schools.

v) Give educators and school children cross-cultural education.

w) Incorporate health promotion messages in life skills and adult basic education classes. Incorporate the message that people are responsible and accountable for the choices they make.

x) Provide teen parent programs delivered by community health representatives to single, low-income teenage aboriginal mothers living in urban centres.

y) Address health promotion program needs of particular target groups such as seniors, people with disabilities, aboriginal people and low-income people.

z) Educate the public about the health status differences that exist in Saskatchewan.

aa) Reorient education, social service and health systems to focus on support and prevention services rather than on the problems after a family crisis and breakdown has occurred.

How to Create Supportive Environments

a) Promote adequate housing, employment, sobriety and recreation/ community centres which are critical for improving health on reserves.

b) Develop home care services on reserves and increase home care access in urban areas.

c) Increase access to health programs in remote communities, for example heart health programs.

d) Use tv spots with subtle messages to increase acceptance of people from other cultures.

How to Strengthen Community Action

a) Encourage health committees in aboriginal communities to support community health representatives and community health workers and motivate community action in health promotion.

b) Encourage community-selected people to be educated as aboriginal health workers.

c) Develop health promotion activities which are economical. For example, use student summer projects and volunteers to develop programs.

d) Encourage aboriginal community involvement in health promotion activities, including:

- needs assessment
- planning
- implementing
- evaluating

How to Build Healthy Public Policy

a) Provide adequate long-term funding to maintain health promotion programming for aboriginal people.

b) Clarify the federal and provincial responsibilities for on and off-reserve services in any health promotion initiatives.

c) Encourage school boards to adopt a policy of health education in federal and provincial schools.

How to Reorient Health Services

a) Encourage health service organizations to have an aboriginal person as the first contact person for aboriginal clients. This would help aboriginal people feel more comfortable when trying to find out about or use necessary services.

b) Support the development of hospital liaison programs for aboriginal people such as Regina General Hospital's program.

c) Encourage health services to clarify responsibilities for Indians who live off-reserve, address the gap in service and increase their access to services.

GOAL 2

Improved Environments for Healthy Living

Environments include indoor/outdoor, natural/manmade, home/workplace/school/recreational.

Human health must be safeguarded from the direct and indirect adverse effects of physical, chemical and biological factors present:

- physical factors, such as climate change and radon, exist or are developing in the natural and manmade environment
- natural and manmade chemical contaminants are found in food, air and water and may impact on human health
- biological hazards occur and can have positive or negative impact on health ranging from the effects of bacteria on water, air and food to the effect of the loss of trees and deforestation on the atmosphere

Healthy environments must be achieved at global and provincial levels, at the community level, and in the workplace and home.

Reversal in the trend of environmental degradation is essential to achieving the long-term best quality of life and human health.

Increased garbage wastes, generated by an affluent lifestyle, are causing further health-related environmental stresses.

Strategies must be established to recognize and prevent the adverse effects of environment on the health of people.

People should understand the links between environment and their health and adopt practices to reduce any negative impacts on their health.

OBJECTIVES:

By the year 2000:

100 per cent of the Saskatchewan population will have access to safe and adequate drinking water.

All aquatic recreational facilities in Saskatchewan will have safe water quality.

Saskatchewan's outdoor air quality will not exceed 25 (good), as measured by the Air Quality Index.

All people in Saskatchewan will live, work and play in indoor environments which meet the national/provincial air quality standards or objectives.

Exposure to harmful chemicals in industrial, agricultural and domestic use will be reduced by 50 per cent.

There will be at least a 50 per cent reduction in the production of landfill waste.

Objective:
By the year 2000:

100 per cent of the Saskatchewan population will have access to safe and adequate drinking water.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide information for people on:

- the relationship between unsafe drinking water and illness both at home and abroad
- the problems associated with not following regulations which ensure safe water supplies
- potential pollution sources

b) Educate people who use private water sources that water testing is available and ensure adequate testing is available.

c) Encourage people to evaluate the location of their private water sources and have them tested regularly.

How to Strengthen Community Action

Encourage communities to:

- introduce backflow prevention programs to prevent the contamination of municipal drinking water by contaminants such as chemicals and sewage
- identify water supplies which do not comply with water quality objectives and cease using those water supplies
- assist municipalities in finding cost-effective water supplies
- lobby for cost effective disinfection if their community water supply is not being disinfected to levels set by legislation

How to Build Healthy Public Policy

Encourage policy makers to:

- **help municipalities with special needs to meet water quality objectives in cost-effective ways**
- **legislate training for water treatment plant operators**
- **set up a system to log the results of testing of private water supplies**

Objective:
By the year 2000:

All aquatic recreational facilities in Saskatchewan will have safe water quality.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Educate people on the relationship between unsafe recreational waters and illness.

b) Continue swimming pool operators courses.

How to Create Supportive Environments

Strengthen the role of the environmental impact assessment in evaluating the effect of pollution sources on recreational waters.

How to Build Healthy Public Policy

a) For manmade facilities, encourage adoption of more stringent standards and enforcement of swimming pool regulations.

b) For natural bathing areas, adopt a monitoring system to be sure that Provincial Recreational Water Quality Objectives are met.

How to Reorient Health Services

Ensure adequate resources are available to inspect and enforce regulations.

Research/Evaluation

Encourage research into maintaining the balance between the safety of water by chlorination and the effects of byproducts of chlorination in indoor facilities.

Objective:
By the year 2000:

Saskatchewan's outdoor air quality will not exceed 25 (good), as measured by the Air Quality Index. (Baseline: In 1990, 30 (fair))

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide information to the public about Saskatchewan's Air Quality Index.

b) Reduce suspended particulates by:

- educating and motivating farmers to use soil conservation practices
- supporting the continuation of soil conservation programs

c) Educate the public and develop programs:

- to reduce the use of substances that are harmful to the ozone layer such as reducing the use of chlorofluorocarbons (CFCs)
- on ways to reduce ground level ozone such as encouraging people to have their cars tuned up to reduce emissions and to avoid idling diesel engines for prolonged periods

How to Create Supportive Environments

Ensure air quality standards are met in Saskatchewan.

How to Strengthen Community Action

a) Encourage energy conservation and development of alternative energy sources.

b) Motivate people to plant shelter belts which will reduce soil erosion and remove carbon dioxide from the air.

c) Ensure reforestation and sustainable harvesting.

How to Build Healthy Public Policy

Develop and enforce emission standards which will ensure the desirable air quality.

Research/Evaluation

Determine the most appropriate monitoring plan for measuring the quality of outdoor air.

Objective:
By the year 2000:

All people in Saskatchewan will live, work and play in indoor environments which meet the national/provincial air quality standards or objectives.

Strategies:

How to Develop Personal Skills Through Education and Information

Educate the public about indoor air contaminants and the availability of testing.

How to Build Healthy Public Policy

Prepare, enhance and enforce standards/guidelines for industry, home, and public places.

How to Reorient Health Services

a) **Ensure adequate resources to investigate indoor air quality complaints for public places and private residences.**

b) **Develop provincial assessment of the radon problem and identify areas where action should be taken.**

Objective:
By the year 2000:

Exposure to harmful chemicals in industrial, agricultural and domestic use will be reduced by 50 per cent.

Strategies:

How to Develop Personal Skills Through Education and Information

a) **Enhance public and health service providers' education about the potential harmful effects of chemicals to health.**

b) **Provide education programs and encourage people to decrease use of chemicals in industry, on the farm and in the home.**

c) **Provide information about these agents to elementary and high school students.**

d) **Provide education on the safe handling of chemicals for a variety of audiences including those with low literacy skills.**

How to Create Supportive Environments

a) Encourage the use of reusable pesticide containers.

b) Ensure workplace environments are safe and people are free of harmful exposure to chemicals.

c) Promote the use of protective gear and clothing when working with chemicals which are potentially harmful.

How to Strengthen Community Action

Support community initiatives in collecting and disposing harmful home chemicals.

How to Build Healthy Public Policy

a) Ensure that safe disposal of chemicals is possible before the chemicals are approved for use.

b) Ensure training is available for those who will be handling chemicals on the farm.

Research/Evaluation

Encourage the research and development in the following areas:

a) identifying the harmful effect in the food chain

b) seeking alternatives to harmful chemicals

c) new technology in risk prevention

Objective:
By the year 2000:

There will be at least a 50 per cent reduction in the production of landfill waste.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Educate the public about the issues associated with waste generation ie. wasteful consumption and waste management.

b) Encourage people to:

- develop and promote policies to encourage reduction and reuse of materials
- reduce, reuse, recycle and recover waste with emphasis on reducing and reusing
- demand reduction of excessive packaging

c) Provide information to school children on ways to reduce waste generation.

How to Strengthen Community Action

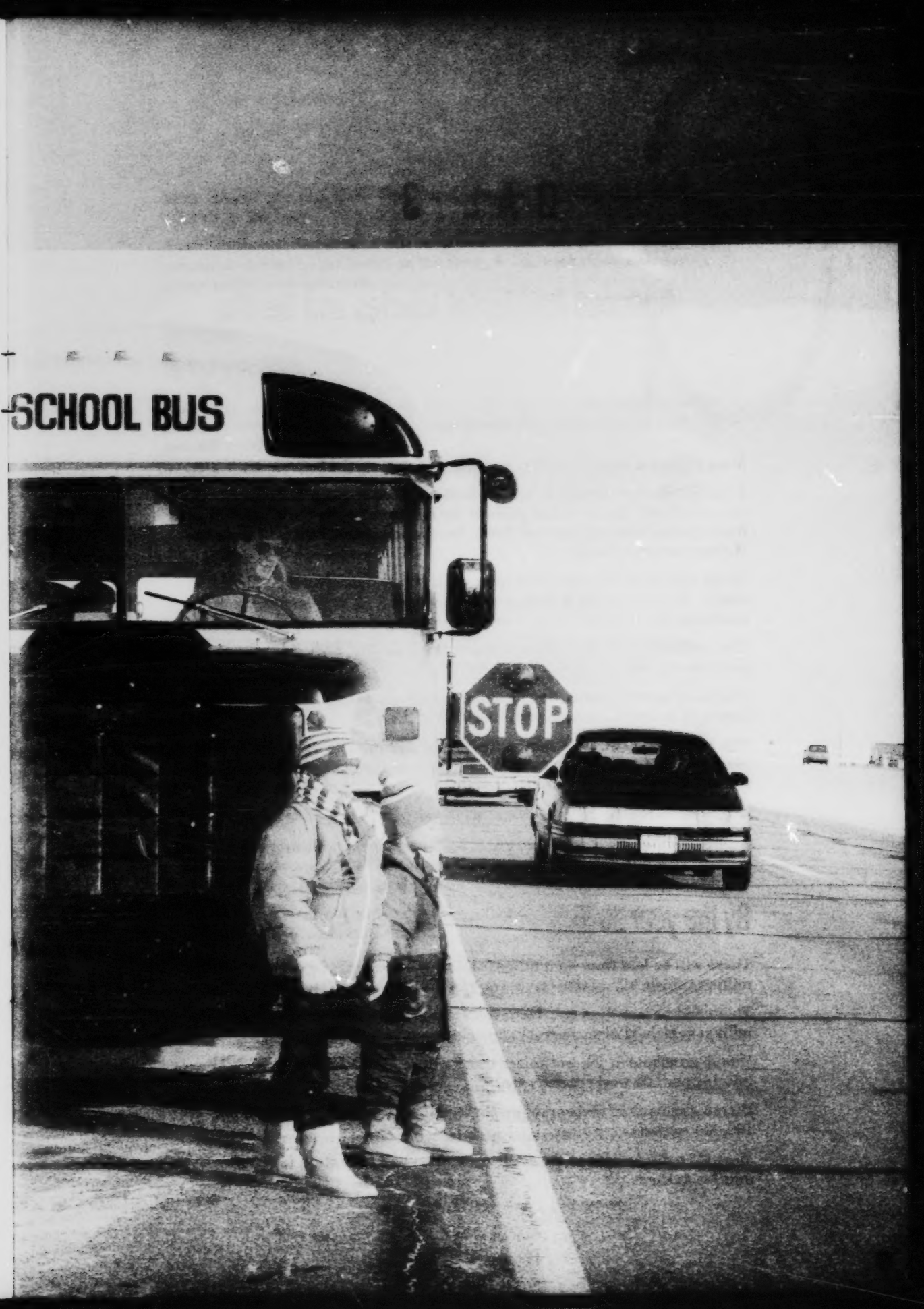
a) Support national, provincial and municipal programs to reduce waste generation.

b) Encourage community groups to advocate the adoption of mandatory recycling and to encourage lifestyle changes consistent with waste reduction.

How to Build Healthy Public Policy

Encourage policy makers to:

- develop and promote increased use of recycled materials
- provide financial incentives for industry to recycle
- develop and promote new opportunities to recover waste materials and energy


SCHOOL BUS
STOP

GOAL 3

Reduced Accidental Injuries and Deaths

Most accidents occur in traffic, at work, at home, on the farm and in water.

In Saskatchewan, accidents are the leading cause of death for those from ages one to 44. The potential years of life lost from accidents are greater than from the two leading causes of death: heart and cancer. This is because the victims are often young.

Motor vehicle deaths represent more than 40 per cent of total accidental deaths. Falls, the second leading cause, account for almost one in every five accidental deaths. Drowning is the third leading cause of accidental death.

The economic costs of accidents include lost lives, lost work time, lost productivity, and treatment and rehabilitation costs.

Studies of sports injuries among children and adults have shown that the mouth is the most commonly injured area of the body.

The risks associated with most situations where injuries occur can be readily identified and reduced. Individuals and communities can reduce the likelihood and severity of injury.

OBJECTIVES:

By the year 2000:

There will be less than 40 injuries from traffic accidents for every hundred million vehicle kilometres (mvk) traveled each year.

There will be less than one death from traffic accidents for every hundred million vehicle kilometres (mvk) traveled each year.

Due to accidents in the workplace there will be less than two time-loss injuries per 100 workers each year.

Due to accidents in the workplace there will be less than five deaths per 100,000 workers each year.

More than 80 per cent of the adult population will take steps to reduce injuries in the home.

More than 80 per cent of the farm population will take steps to reduce injuries on the farm.

A reliable monitoring system will be in place to provide information about injuries occurring in the home, on the farm, in the workplace, and during sports and leisure activities.

Objective:
By the year 2000:

There will be less than 40 injuries from traffic accidents for every hundred million vehicle kilometres (mvk) traveled each year. (Baseline: In 1989, 73 per 100 mvk)

There will be less than one death from traffic accidents for every hundred million vehicle kilometres (mvk) traveled each year. (Baseline: In 1989, 1.73 per 100 mvk)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Implement a public awareness program consisting of well-crafted, professionally developed public service announcements, paid advertising, news releases and editorials and education on:

- the effects of drinking and driving
- young driver problems and solutions
- the importance of using seat belts and appropriate, properly-installed child restraints
- ways of changing driving behavior based on environmental conditions

b) Provide education programs which make mature drivers and their families aware of the limitations that accompany aging and how these affect driving performance.

c) Encourage courses such as the Canadian Cycling Association course which teaches riding in traffic.

d) Educate vehicle drivers to watch for cyclists.

e) Provide education to children in schools about driving in traffic and the rules of the road.

f) Promote defensive driving courses and encourage more experienced drivers to take them.

g) Involve parents in student driver education programs.

h) Provide information on the results of drinking and driving as part of comprehensive driver educational programs in schools.

How to Create Supportive Environments

a) Encourage use of daytime running lights or low beam headlights to reduce motor vehicle accidents.

b) To reduce the effects of accidents:

- increase the use of seat belts and head restraints and proper use of child car restraints
- encourage use of bicycle helmets
- encourage the purchase of vehicles equipped with safety features such as air bags (in addition to seat belts), head restraints and anti-lock brakes

c) To reduce impaired driving:

- implement highly visible, intense, consistent enforcement supported by an appropriate legislative framework. For example, use random breath testing and vehicle immobilization.
- provide well-informed, properly-equipped, supportive and motivated police forces and a supportive judiciary

d) To enhance driving performance for drivers who have a poor driving record, provide corrective mechanisms such as:

- retraining
- medical assessment including vision testing
- re-examination

e) Develop physical environments in which cycling and walking are safe, such as urban bicycle paths and parks, longer WALK phases on pedestrian lights to allow people with disabilities and seniors enough time to cross the street, pedestrian cross-lights and lighting in school zones.

How to Strengthen Community Action

Encourage community groups to conduct:

- child car seat clinics
- educational programs aimed at providing current, relevant and accurate information on impaired driving
- bike courses
- courses on the safe use of all terrain vehicles, snowmobiles and other recreational vehicles

How to Build Healthy Public Policy

a) Encourage policy makers to:

- introduce graduated licenses for novice drivers. The licence restricts where, when and with whom the novice driver can drive.

- implement a probationary license system for all newly-licensed drivers in which they would receive warning letters, driver control interviews, licence restrictions or license suspension in the event of at-fault accidents and convictions
- develop a unique driving examination for drivers who appear to be experiencing deteriorating driving skills
- examine the feasibility of raising minimum licensing age
- examine the possibility of licensing cyclists

b) Enforce laws related to bicycle riding.

c) Implement more stringent licensing requirements for impaired drivers. For example, attendance at a Driving Without Impairment Program, problem assessment, treatment for alcohol abuse and mandatory installation of ignition interlock devices.

d) Impound or immobilize vehicles of persons apprehended for impaired driving.

e) Jail multiple offenders.

f) Increase fines for impaired driving.

g) Improve the safety of vehicles through changes in vehicle safety standards and enhanced vehicle inspection programs.

h) Enforce laws on seat belt usage.

How to Reorient Health Services

a) Encourage physicians to report medical conditions that might affect driving ability.

b) Encourage health service providers to become more attuned to alcohol-related problems and the availability of counselling.

Objective:
By the year 2000:

Due to accidents in the workplace there will be less than two time-loss injuries per 100 workers each year. (Baseline: In 1988, three per 100 workers)

Due to accidents in the workplace there will be less than five deaths per 100,000 workers each year. (Baseline: In 1988, 7.47 per 100,000 workers)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide safety education for elementary school children and high school students.

b) Provide safety training as part of the orientation for new workers.

c) Provide occupational health and safety training programs which will meet the needs of an aging workforce.

d) Educate employers and employees that a physically fit employee is less prone to injury.

How to Create Supportive Environments

a) Ensure that safety equipment is available and maintained in the workplace. Conduct frequent equipment checks to be sure it is in working order.

b) Promote the idea that reporting unsafe conditions is acceptable.

c) Use safety committees to distribute information in the workplace.

How to Strengthen Community Action

a) Set up or use existing safety committees in factories and other workplaces to identify hazards and possible solutions.

b) Encourage safety competitions among industries.

How to Build Healthy Public Policy

Encourage policy makers to:

- review and enforce the Occupational Health and Safety Act
- review safety standards to evaluate whether they require upgrading

How to Reorient Health Services

a) Encourage employers to promote health promotion programs in the workplace.

b) Encourage commercial groups to be sure that occupational health nurses are available to small businesses for health promotion activities.

Objective:
By the year 2000:

More than 80 per cent of the adult population will take steps to reduce injuries in the home.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Use the media to:

- increase awareness of the importance of home safety
- encourage adults and students to take first aid courses
- highlight safety tips for various holidays/seasons such as Christmas, Halloween, boating

b) Provide educational programs for parents, grandparents and other caregivers on home safety. Include information on preventing poisonings, maintaining stairways, using stove guards, lowering water temperature, and preventing fires.

c) Involve school children in parent education. For example, provide children with fire prevention checklists to take home and complete with their parents.

d) Provide information on the safe use of domestic chemicals and their disposal.

How to Create Supportive Environments

a) Encourage people to:

- install smoke alarms near bedrooms and on every level of the home and to avoid smoking
- lower the setting on hot water tanks to 52° Celsius (125° Fahrenheit)
- install locking medicine cabinets and cupboards for cleaning solutions
- be sure stair design is appropriate and that the stair cases have practical hand rails
- install a mixer valve which mixes hot and cold water to provide tempered water to the hot side of a fixture

b) Urge parents to ensure that adequate head, face and mouth protection is a basic part of the family's sports equipment.

c) Encourage businesses to provide safety equipment as gifts and door prizes.

How to Strengthen Community Action

a) Encourage community groups to:

- follow the safety standards for playgrounds and equipment
- distribute and promote use of *On Your Own*, a book from the Saskatchewan Safety Council for children learning to be at home alone
- conduct and promote baby sitting courses
- sponsor seniors' safety fairs

b) Encourage fire departments to continue and enhance home safety and inspection programs to homeowners at no charge.

c) Support established programs such as fire prevention weeks.

d) Assist organizations which require mandatory wearing of head, face, mouth protection, in educating players and enforcing the requirement.

How to Build Healthy Public Policy

a) Encourage policy makers to review the building code and revise safety standards for stairs, medicine cabinets, hot water, railings, etc.

b) Encourage school administrators, athletic directors, coaches, trainers to work towards making the wearing of head, face and mouth protectors mandatory in a wider variety of dangerous sports.

How to Reorient Health Services

a) Continue and enhance public health nurses' role in counselling new mothers about child development and safety so parents can anticipate dangers.

b) Encourage physicians to emphasize home safety measures to their patients.

Objective:
By the year 2000:

More than 80 per cent of the farm population will take steps to reduce injuries on the farm.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Expand educational programs for farmers, their spouses and children on:

- safe farming practices
- safe machinery handling
- the use of protective clothing
- first aid skills
- respect for protective devices
- the safe handling of chemicals

b) Use a variety of media to increase awareness of the resources available in the farm community about farm fatigue and stress.

c) Encourage farmers to take the responsibility to educate their workers about safety procedures and the importance of following label instructions.

How to Create Supportive Environments

Create supportive farm environments by encouraging the use of:

- all safety-related parts of machinery
- protective clothing

How to Strengthen Community Action

Encourage farm communities to set up day cares during high stress times such as harvest.

How to Build Healthy Public Policy

Encourage policy makers to:

- require chemical vendors to be qualified and to provide education to the buyers on the safe use of chemicals
- provide farmers with more courses on the use of chemicals
- require clear labelling with pictograms for chemicals

Research

Support research on results of farm stress and develop programs to lessen the problem.

Objective:
By the year 2000:

A reliable monitoring system will be in place to provide information about injuries occurring in the home, on the farm, in the workplace, and during sports and leisure activities.

Research

a) Establish a working group, with representation from government, hospitals, private practice, industry and recreation, to develop a plan for systematic collection of data on the circumstances, time, place and nature of injuries in Saskatchewan.

b) Identify priorities for research using the injury monitoring data.

c) Ensure that research results are reviewed and taken into account by policy makers.

GOAL 4

Reduced Use of Substances Which May be Harmful to Health

Substances include alcohol, solvents, illegal drugs and prescription and non-prescription medications.

Ours is a drug-oriented society; many drugs are socially acceptable and advertising promotes the use of a pill for any ill and glamorizes the use of alcohol.

Saskatchewan has more than 46,000 problem drinkers. About one in 10 adults experiences serious health, social or financial problems because of drinking. Costs of abuse in Saskatchewan, including lost productivity in the workplace, are estimated at $1 million a day. In addition to the economic and health costs there are enormous social and family costs.

Responsible behavior concerning the use of alcohol includes consumption, drinking and driving behavior, alcohol offenses and utilization data on alcohol-related causes of hospitalization.

Almost 50 per cent of all fatal traffic accidents are alcohol-related.

Alcohol abuse can lead to alcoholism, a serious and potentially fatal disease.

Alcohol consumption during pregnancy may affect as many as 100 babies every year in Saskatchewan.

Alcohol and other drug abuse among adolescents is a serious concern. In 1986, one in four teens were drinking and one in seven tried cannabis. Teen drinking is associated with dysfunctional family situations, poor school performance, developmental impairments and antisocial behavior.

The main concerns with medication use are misuse and misprescribing.

In Saskatchewan, use of medications has increased by 39 per cent per person since 1977. The number of prescriptions filled in Saskatchewan suggests that on average every person over 65 years of age uses at least 19 prescriptions each year.

In Canada, for people over 65, about 15 per cent of hospital admissions are related to suspected drug side effects.

OBJECTIVES:

By the year 2000:

More than 75 per cent of youth (12 - 18 year olds) will not use alcohol or other drugs.

More than 95 per cent of young adults (19 - 34 year olds) will not use illicit drugs.

More than 80 per cent of adults will demonstrate responsible behavior concerning the use of alcohol.

More than 80 per cent of adults will practice safe use of medications.

Objective:
By the year 2000:

More than 75 per cent of youth (12 - 18 year olds) will not use alcohol or other drugs. (Baseline: In 1986, 60 per cent)

More than 95 per cent of young adults (19 - 34 year olds) will not use illicit drugs. (Baseline: In 1988, 85 per cent)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Develop and deliver age appropriate programs for all grades with a focus on a life skills approach and interactive teaching approaches to handle problems.

b) Include the following skill development areas in mandatory curriculum for all grade levels in schools: decision-making skills, responsibility, stress management, self-awareness, self-esteem and self-respect. Class participation and making commitments to behavior change are more effective ways to change behavior than lectures alone. Sufficient time must be provided to enable effective education to take place.

c) Give health education a higher priority in the schools from kindergarten to grade twelve.

d) A comprehensive and balanced health education curriculum should include general health information as well as parenting skills and family life education courses to create more stable family environments in the future.

e) Develop and deliver age appropriate programs beginning as early as grade one on the concerns with use of alcohol, solvents and drugs with special emphasis on early adolescents (grades five to seven).

f) Develop and distribute culturally and age appropriate educational materials on alcohol, solvents and drugs such as cartoons and comic books targeted to children.

g) Promote healthy alternative activities to drinking and using drugs.

h) Encourage post-secondary institutions to educate educators on how to teach health education effectively and how to incorporate health promotion into other areas of study.

i) Include results of drinking and driving in driver education classes.

j) Use messages and signs in places where young people gather on the problems associated with illicit drug use.

k) Use a variety of media to increase parents' awareness of how their behavior and attitudes about drinking, drug use and drinking and driving can affect their children's value systems.

l) Educate health service providers, teachers and others involved with children to identify early those with potential alcohol, solvent and drug abuse problems, and how to intervene and refer the children to appropriate services.

m) Use a variety of methods to address alcohol concerns of aboriginal people such as:

- prevention programs in kindergarten to grade twelve using appropriate educational methods such as puppets in younger grades
- role models (in schools, media, as liaison workers)
- drug abuse programs (youth-targeted, trained alcohol and drug counsellors, aboriginal and parent-delivered) For example, have parents come to the schools and talk to children.

How to Create Supportive Environments

a) Provide supportive (positive emotional) environments at home, in the schools and workplace and increase availability of counselling.

b) Encourage a holistic and comprehensive approach to health.

c) Give children opportunities to decide about items that affect them.

d) Make available healthy alternative activities to drinking and using drugs such as recreational opportunities.

e) Encourage development of positive peer support programs in schools.

f) Provide support to families before crisis stage.

g) Emphasize health promotion in the workplace.

h) Provide comprehensive and widely-available Employee Assistance Programs on campuses, through workplaces and in the community.

How to Strengthen Community Action

a) Encourage and assist children to decide to participate in enjoyable and healthy recreation activities instead of experimenting with alcohol and drugs.

b) Encourage students to promote, plan and hold chemical-free graduations and other celebrations.

c) Encourage communities to provide:

- facilitators and resource people who could identify family breakdown and provide referral where appropriate to prevent alcohol from being used
- parenting classes to help parents in creating nurturing environments at home
- leisure activities for young adults which exclude alcohol and drugs

How to Build Healthy Public Policy

Encourage policy makers to:

- end the association between sports and alcohol in promotion and advertising
- implement stringent fines and penalties for those who buy alcohol for a minor
- enforce penalties for vendors selling liquor to minors
- increase the real cost of alcohol
- enforce the laws on the possession and sale of illicit drugs
- discourage vendors from selling solvents to young people without parental consent

How to Reorient Health Services

a) Emphasize personal responsibility as well as social responsibility for health.

b) Emphasize non-medical alternatives to health and stress reduction.

c) Encourage and train aboriginal people in the professional and para-professional health occupations.

d) Develop programs to reach school drop-outs.

e) Encourage health service providers to become more attuned to alcohol and drug use problems and the availability of counselling.

f) Encourage physicians to refer patients with alcohol and drug problems to addiction agencies and other professionals for counselling.

g) Ensure the availability and accessibility of counsellors to assist people with problems.

Objective:
By the year 2000:

More than 80 per cent of adults will demonstrate responsible behavior concerning the use of alcohol.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Use a variety of media such as tv, newspaper to educate people on the:

- problems and results of drinking and driving
- possible effects of drinking on the family
- possible effects of drinking during pregnancy
- effects of drinking on employment and career development

b) Encourage parents and other adults to be positive role models for young people.

c) Provide participatory communication courses and skills development courses for adults.

d) Educate the people who serve alcohol about their responsibilities and about ways to intervene when people are drinking excessively.

e) Create advertising targeted at pregnant women. Include signs for use in beverage rooms on the relationship between alcohol consumption during pregnancy and fetal alcohol syndrome.

How to Create Supportive Environments

Establish supportive environments by :

- developing and making accessible workplace support programs on healthy ways to cope with stress
- reducing association between sport events and alcohol
- making it socially acceptable to call a friend or family member for a ride when one has had too much to drink
- giving non-alcoholic drinks to designated drivers
- setting up healing lodges for aboriginal people (community-based, preventive and out-patient services)
- encouraging and supporting alcohol-free events
- encouraging and supporting those who choose not to drink

How to Strengthen Community Action

Encourage community groups and service clubs to:

- support designated driver efforts
- organize programs which discourage drinking and driving
- sponsor drug-free and alcohol- free social activities
- support national and international programs such as Students Against Drunk Drivers (SADD) and Mothers Against Drunk Drivers (MADD)

How to Build Healthy Public Policy

Encourage policy makers to:

- examine policies about alcohol to be sure they are in line with health promotion initiatives
- revise the policy that subsidizes alcohol and not food in the remote north
- drop lifestyle advertising of alcohol
- limit access to alcohol through shortened vendor hours and increased cost
- investigate the feasibility of including warning labels on bags used in liquor outlets. These labels would detail the hazards of drinking during pregnancy.

How to Reorient Health Services

a) Treat alcoholism as a preventable and treatable disease.

b) Encourage physicians to refer patients with alcohol and drug-related problems to addiction agencies and other professionals for counselling.

c) Emphasize using the least amount of institutional care (out-patient rather than in-patient if possible).

Objective:
By the year 2000:

More than 80 per cent of adults will practice safe use of medications.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Identify for people the proper sources of information about the safe use of medication, including pharmacists, public health nurses and home care nurses.

b) Educate the public about the appropriate non-medication alternatives to good health.

c) Encourage the elderly to ask questions about their medications, including dosage, when to take medications and how to take them.

d) Provide information about the safe use of medicines in life skills courses.

e) Use low literacy tools such as picture books and cartoons to reach target populations.

How to Create Supportive Environments

a) Implement innovative programs such as drop in well-elderly clinics for seniors to get advice about medicines.

b) Encourage pharmacists to provide better counselling on the appropriate use of medicine.

How to Reorient Health Services

a) Encourage patients to select and remain with one primary physician and one pharmacy.

b) Use available information systems to monitor drug prescribing and use.

c) Encourage physicians to:

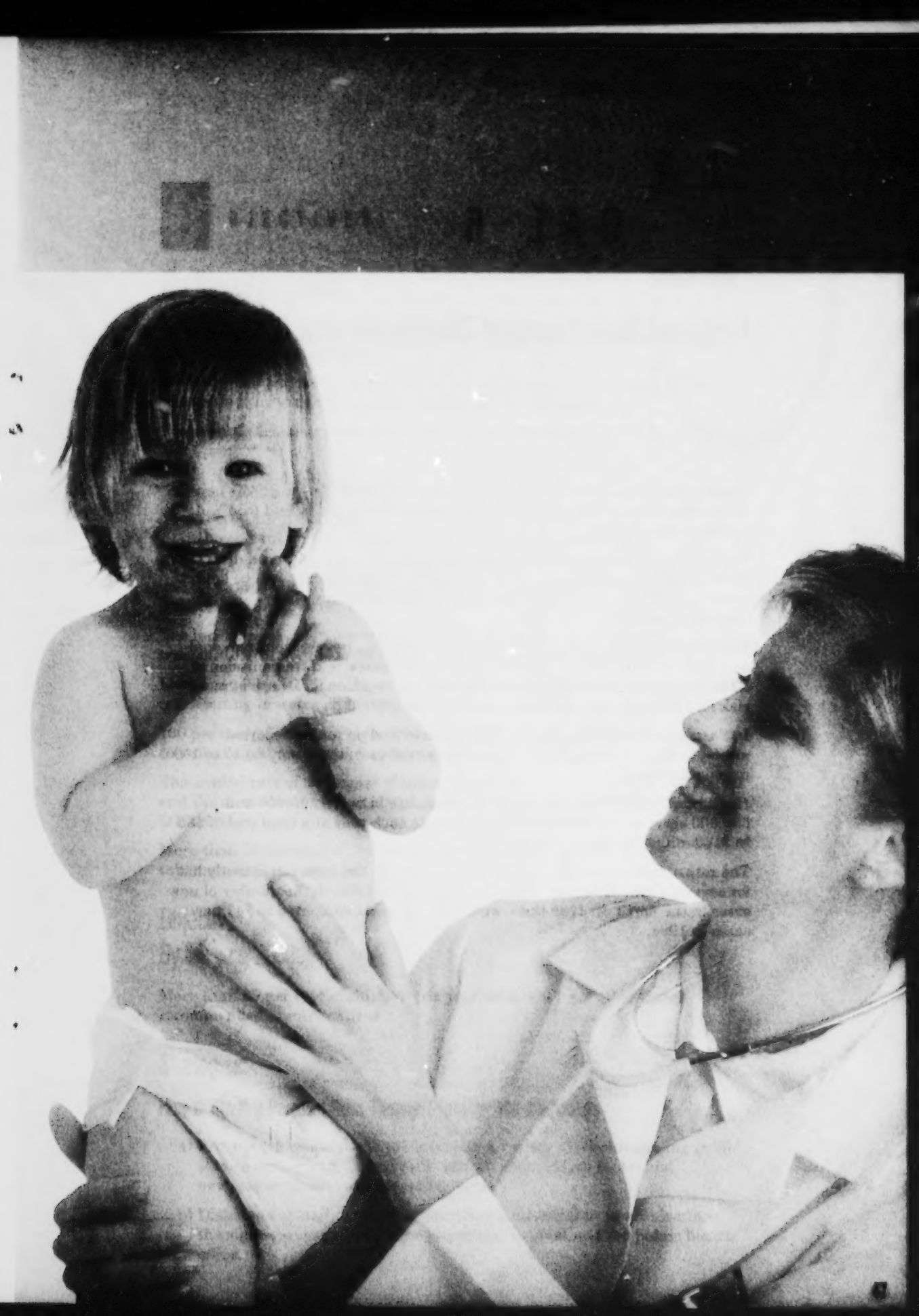
- promote alternatives to medications
- resist pressure from patients to prescribe medications

d) Encourage health service providers to share and assume greater responsibility for counselling on medications.

e) Ensure pharmacists are accountable to the Saskatchewan Pharmaceutical Association for dispensing practices.

f) Encourage pharmacists to provide a confidential and private area for purposes of patient consultation.

g) Discontinue direct promotion of any prescription drug products.



GOAL 5

Reduced Occurrence of Communicable Diseases

Communicable diseases include all infectious diseases. The emphasis here is on: vaccine-preventable ones, sexually transmitted diseases, and food and water-borne illnesses.

Vaccines have decreased the incidence of most infectious childhood diseases. With continued protection from immunization, these diseases will be kept under control. However, there are areas in Saskatchewan where immunization can be improved.

Untreated sexually transmitted diseases (STDs) can have serious personal and medical costs such as sterility, tubal pregnancies, and transmission of STDs to unborn babies. People who develop the common STDs are at more risk for HIV infection and AIDS.

In Saskatchewan there are about 600 cases of food poisoning reported annually. It is suspected that for every reported case, there may be 10 to 100 unreported cases.

Health and Welfare Canada estimates there are between 125,000 and 500,000 cases of food-borne illness in Canada each year at a total cost of $80 to $160 million to the Canadian public.

The rate of tuberculosis in the province as a whole has been consistently low for several years. However, there has been a recent rise in the number of new cases in the north. In 1989 there were 205 new cases compared to 147 new cases in 1988.

OBJECTIVES:

By the year 2000:

More than 95 per cent of children (six year olds) will have all of their recommended immunizations.

More than 80 per cent of the at-risk adult population will be aware of the immunizations which are both available and recommended.

The annual incidence rates of sexually transmitted diseases (STDs) will be less than:

175/100,000 for chlamydia;
65/100,000 for gonorrhoea;
15/100,000 for herpes;
the current annual number of new reported HIV positives.

95 per cent of youth (12 - 18 year olds) and young adults (19 - 34 year olds) will be aware of behaviors which prevent the transmission of sexually transmitted diseases (STDs).

The incidence of infectious diarrheal diseases, which are commonly transmitted through food and water, will be reduced by 20 per cent.

More than 90 per cent of the public will be aware of the major factors contributing to water and food-borne illnesses.

100 per cent of commercial food workers will be aware of the major factors contributing to water and food-borne illnesses.

The annual rate of new cases of tuberculosis (TB) will be less than 10/100,000 and the annual rate of reactivated cases of tuberculosis will be less than 1/100,000.

More than 75 per cent of the at-risk population will be aware of how tuberculosis is transmitted.

Objective:
By the year 2000:

More than 95 per cent of children (six year olds) will have all of their recommended immunizations.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide information on immunization a variety of ways including public service announcements on radio and tv, short videos for tv, and newspaper advertisements and articles.

b) Distribute visually appealing educational material on immunizations through sources including the physician, hospital and the public health office.

c) Motivate parents of newborns to get immunizations done on time.

d) Provide information to parents and child care professionals about recommended childhood immunizations and their scheduling.

e) Develop literacy-appropriate educational materials targeted for specific groups who have low rates of immunization.

f) Provide a health care section, including immunization information, at all classes on infant/child care/parenting.

g) Provide information on immunization statistics to community leaders, health committees, and interagency committees. They can develop promotional programs if parents are not immunizing their infants and children.

How to Create Supportive Environments

a) Make immunizations clinics accessible to everyone. Consider drop-in clinics at local homes.

b) In locations where appointments for immunizations are necessary, the wait period should be less than two weeks. Walk-in clinics should also be considered.

c) Encourage nurses to contact places where children receive care such as day care and arrange drop-in immunization clinics.

d) Maternity units, public health nurses, and physicians should continue to encourage and emphasize immunization to parents of newborns, infants and children.

How to Strengthen Community Action

Encourage community groups to use available statistics to contact families and to encourage them to have children immunized.

How to Build Healthy Public Policy

a) Encourage policy makers to support adequately the expanded use of vaccines as recommended by the National Advisory Committee on Immunization and to support the public health administered immunization program in Saskatchewan.

b) Encourage school boards and daycares to develop and/or enforce policies requiring that immunizations be kept current.

How to Reorient Health Services

Encourage health service providers to:

- develop a computerized, client-based, on-line, province-wide information system to register and monitor all immunizations provided to children in the province
- employ outreach workers to distribute education material and information on appropriate immunizations to populations which are hard to reach
- provide follow-up of children who are behind in immunization

Objective:
By the year 2000:

More than 80 per cent of the at-risk adult population will be aware of the immunizations which are both available and recommended.

Strategies:

How to Develop Personal Skills Through Education and Information

a) **Develop visually appealing educational material on immunizations to at-risk adults, including travellers and certain occupational groups. Distribute them through a variety of sources, including the physician, hospital, professional associations, unions, employers, travel agencies and the public health office.**

b) **Educate nurses about recommended immunizations and timing. Articles about immunization requirements could be included in professional journals and newsletters.**

c) **Promote adult immunization information using short videos for tv, radio spots, and newspaper articles.**

d) **Develop literacy appropriate educational materials targeted for specific groups who have low rates of immunization.**

How to Create Supportive Environments

a) **Encourage employers to carry out immunization programs for employees at risk.**

b) **Provide vaccines through employer or local health office free of charge or on a cost-recovery basis.**

c) **Supply influenza vaccine, free of charge, to the sick and the elderly. Everyone in nursing homes should receive the influenza vaccine.**

d) **Use outreach workers to provide information about vaccine-preventable diseases to people who are at risk because of their lifestyles.**

How to Build Healthy Public Policy

Help organizations where employee immunization is recommended or mandated by law to set up written policies on immunization.

How to Reorient Health Services

Encourage occupational health nurses to develop educational programs for employees.

Objective:
By the year 2000:

The annual incidence rates of sexually transmitted diseases (STDs) will be less than:

175/100,000 for chlamydia;
65/100,000 for gonorrhoea;
15/100,000 for herpes;
the current annual number of new reported HIV positives.

(Baseline: In 1988,
347/100,000 for chlamydia;
130/100,000 for gonorrhoea;
31/100,000 for herpes;
31 new reported cases of HIV positives.)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide education on interpersonal skills for responsible sexual behavior including assertiveness training, ability to resist peer pressure, decision-making, communication skills.

b) Develop educational messages to the population at risk of contacting STDs such as young people (15-24 years old), street youth, male/female prostitutes, the homosexual community and intravenous drug users.

c) Promote responsible sexual behavior as a prevention of STDs, ranging from abstinence to safer sex behaviors.

d) Provide information on the use of condoms.

e) Use a variety of means to deliver messages to target audiences such as videos, cartoons, posters, drama, rap songs or calendars.

How to Create Supportive Environments

a) Implement non-threatening, confidential, easily-accessible facilities for diagnosis and treatment of sexually transmitted diseases.

b) Deliver social marketing advertising campaigns to decrease the acceptability of irresponsible sexual behavior and increase the acceptability of responsible sexual behavior.

c) Provide easy and convenient access to condoms.

How to Strengthen Community Action

a) Involve community groups in promoting positive sexuality in decision making.

b) Ensure community groups know where information is available.

c) Support community initiatives that target high-risk groups.

How to Build Healthy Public Policy

a) Support an integrated, comprehensive sex education program in elementary school which is carried through to graduation.

b) Encourage school boards to develop a policy supporting mandatory family life (sexuality education) programs.

How to Reorient Health Services

a) Support the development of youth centres, support groups and counselling for positive behavior; accessible clinics for screening, and contraceptive counselling.

b) Coordinate efforts between health agencies who are providing health information to the public.

c) Use outreach workers to contact target groups such as street kids.

Objective:
By the year 2000:

95 per cent of youth (12 - 18 year olds) and young adults (19 - 34 year olds) will be aware of behaviors which prevent the transmission of sexually transmitted diseases (STDs). (Baseline: In 1988, 70 per cent for youth)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide every school child, as part of a comprehensive family life education curriculum, with information on prevention of STDs.

b) Educate teachers about sexually transmitted diseases.

c) Promote responsible sexual behavior as a prevention of STDs, ranging from abstinence to safer sex behaviors.

d) Include decision making and communication skills classes as requirements for school children.

e) Develop appropriate educational messages on STDs to the population at risk of contracting STDs.

f) Advise students of the availability of professionals prepared to provide individual education/counselling on sexually transmitted diseases.

How to Create Supportive Environments

Create supportive environments in which parents reinforce sexuality and STD education received in schools.

How to Reorient Health Services

Encourage health service providers to counsel youth on sexuality and STDs.

Objective:
By the year 2000:

The incidence of infectious diarrheal diseases, which are commonly transmitted through food and water, will be reduced by 20 per cent. (Baseline: In 1988, 30.9/100,000 for salmonellosis and 18.2/100,000 for shigellosis)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Develop messages for local radio, tv and newspaper on safe food handling.

b) Increase the availability of safe food handling courses in schools, home maker courses, and in the food service industry.

c) Make available educational publications on hand washing and proper food handling and storage to prevent the spread of disease.

d) Educate the public on the importance of safe water and sewer systems.

How to Create Supportive Environments

Create supportive environments which ensure:

- soap is available in every public washroom including schools
- *Guidelines for Drinking Water Quality* are maintained

How to Strengthen Community Action

a) Be sure local municipal water supplies are tested according to Saskatchewan Environment and Public Safety frequency standards and meet requirements for potable water.

b) Encourage local demand for:

- safe drinking water supply and sewage and garbage disposal systems
- hygienic practices in food service establishments

How to Build Healthy Public Policy

Advocate equality in basic water and sewer services available to all Saskatchewan residents where economically feasible.

How to Reorient Health Services

a) Provide adequate resources to public health nurses and inspectors to follow up all food-borne illness outbreaks.

b) Continue surveillance and monitoring to maintain the food and water quality standards that have already been achieved. Employ adequate staff to meet the minimum standards as outlined.

Objective:
By the year 2000:

More than 90 per cent of the public will be aware of the major factors contributing to water and food-borne illnesses.

100 per cent of commercial food workers will be aware of the major factors contributing to water and food-borne illnesses.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide information on water and food-borne illness by:

- providing printed material on food safety
- using diverse media such as tv, radio, newspaper articles and provincial health newsletters

b) Educate school children on the importance of hand washing to prevent disease.

c) Educate the public on the importance of hand washing through displays set up at fairs and community events.

d) Include classes on safe food handling for high school students in home economics and health education courses.

How to Create Supportive Environments

Increase the availability of food handling courses offered and invite the public to attend.

How to Build Healthy Public Policy

Encourage compliance with the provincial *Public Health Act Public Eating Establishment Guidelines* requiring at least one food handler present in a public eating establishment at all times who has taken a food handlers course approved by a health department.

Objective:
By the year 2000:

The annual rate of new cases of tuberculosis (TB) will be less than 10/100,000 and the annual rate of reactivated cases of tuberculosis will be less than 1/100,000. (Baseline: In 1988, new cases 14.75/100,000; reactivated cases 1.34/100,000)

More than 75 per cent of the at-risk population will be aware of how tuberculosis is transmitted.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Educate the at-risk populations by using culturally appropriate educational materials. Messages should include the importance of early diagnosis, compliance with treatment and ways to stop transmission of the disease to others.

b) Use videos, posters, public service announcements and brochures in the north to provide information on tuberculosis, transmission of the disease and the importance of staying on medication.

c) Develop tv spots for prevention of TB, especially in northern areas.

How to Create Supportive Environments

a) Create environments in which improved living and socioeconomic conditions will help lower the incidence of TB.

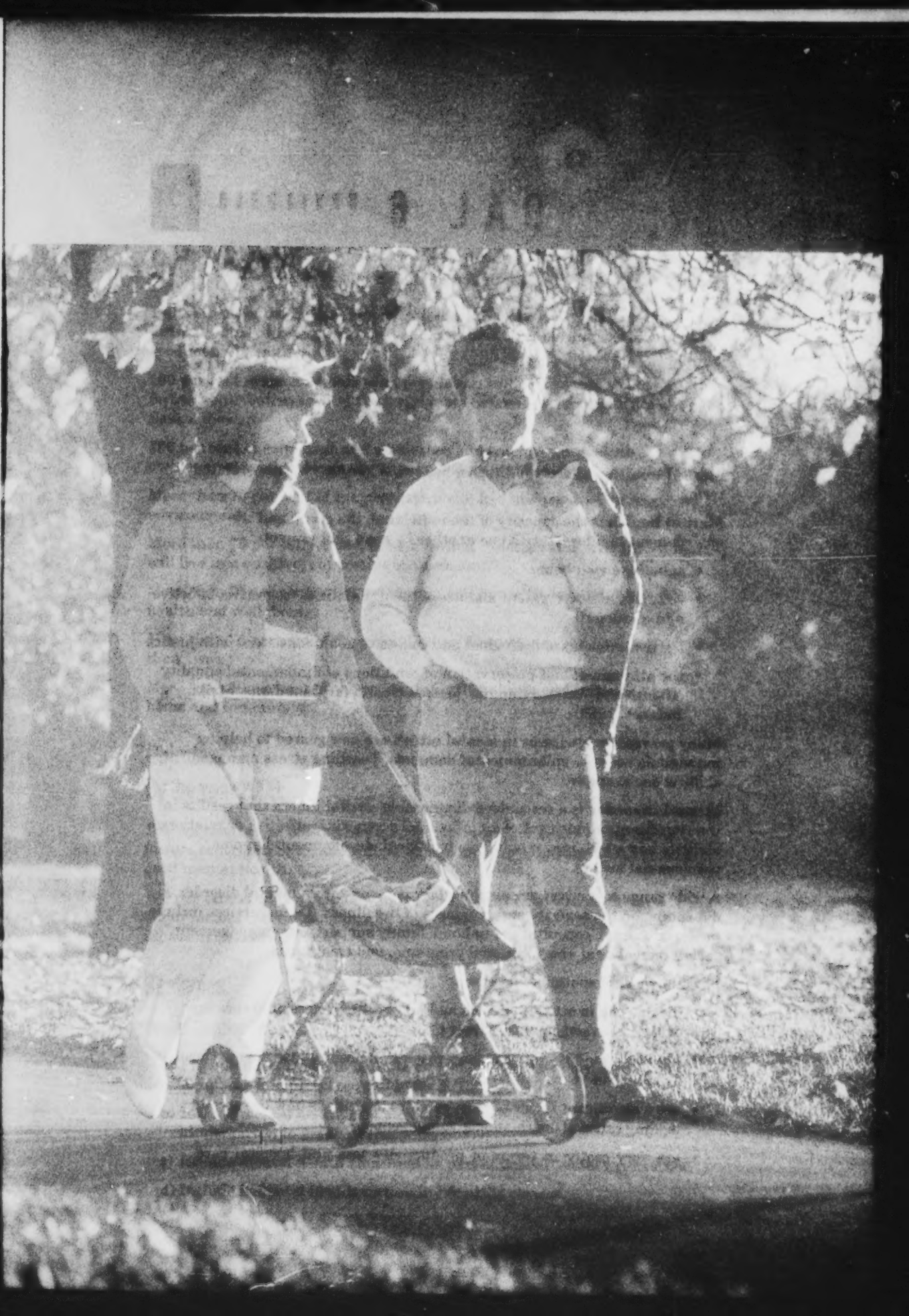
b) Encourage family and friends to support people in combating the disease.

How to Reorient Health Services

a) Use community outreach workers to work with at-risk populations.

b) Provide auxiliary health workers to supervise tuberculosis drug administration where required.

c) Coordinate programs of TB Control, Saskatchewan Lung Association, Medical Services Branch and Northern Health Services Branch.



GOAL 6

Improved Mental Health for All

Mental health and mental disorder are two different, but inter-related terms:

Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote:

- subjective well-being
- the optimal development and use of mental abilities (cognitive, affective and relational)
- the achievement of individual and collective goals consistent with justice
- the attainment and preservation of conditions of fundamental equality. (Health and Welfare Canada, Mental Health for Canadians: Striking a Balance, 1988)

Many preventive programs in mental health are now geared to helping individuals adapt to environmental demands. Teaching stress management skills is one example.

Mental disorder is a recognized diagnosable mental illness that results in the significant impairment of an individual's cognitive, affective or relational abilities and which may result from biological, developmental and/or psychosocial factors.

A wide range of services are employed for persons with a mental disorder depending on the severity and prognosis of the illness. These services include public education, consultation, in-home family support, case management, social, recreational and vocational programs, and treatment.

Psychiatric and emotional disorders:

- disable one in six seriously enough to require professional care and attention at some point in their lives
- are the second leading category in general hospital use among those aged 20 - 44 years
- are a significant factor in most suicides (Suicide is now the second leading cause of death among young people.)
- are very costly in terms of productivity loss and hospital care

BJECTIVES:

By the year 2000:

100 per cent of the Saskatchewan population will be aware of the major factors contributing to, and will be able to identify opportunities to promote, good mental health.

100 per cent of the Saskatchewan population will be aware of the causes, the factors contributing to, and the social costs to families, of mental illness in Saskatchewan.

100 per cent of employers and employees and employee organizations will be aware of work-related contributors to good mental health.

More than 75 per cent of the population will live in a positive, supportive environment.

More than 75 per cent of people with mental illnesses and their care-givers will live in a positive, supportive environment.

More than 75 per cent of the population will live with a sense of personal health and well- being.

More than 75 per cent of the population will experience personal control over their lives.

More than 80 per cent of the population will feel safe and secure in their home and community.

Objective:
By the year 2000:

100 per cent of the Saskatchewan population will be aware of the major factors contributing to, and will be able to identify opportunities to promote, good mental health.

100 per cent of the Saskatchewan population will be aware of the causes, the major factors contributing to, and the social costs to families, of mental illness in Saskatchewan.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide information to parents on ways to promote good mental health in infants and preschool children.

b) Include mental health as a part of health education for all children from kindergarten to grade twelve.

c) Include mental health education as part of post-secondary education.

d) Include a mental health section in life skills classes.

e) Use media, videos and computers to present positive mental health messages.

f) Provide information and training in suicide prevention, intervention and postvention.

How to Create Supportive Environments

a) Promote good mental health through avenues such as peer counselling.

b) Increase accessibility to health fairs by offering free admission to school children and by offering school tours.

How to Strengthen Community Action

Use means such as tv, volunteer visitors and support networks to get information to people who are confined to their homes.

How to Reorient Health Services

a) Reorient provincial health promotion programs to target parts of the population such as low-income groups, youths, and seniors.

b) Improve mental health services for aboriginal people. Aboriginal people need to be involved in this activity. Develop specialized counselling training courses for aboriginal people in certain areas of mental health.

c) Provide specialized, highly-trained counsellors and aboriginal mental health workers who would implement family counselling services on the reserves.

Research/Evaluation

Increase knowledge on the nature and basis of good mental health.

Objective:
By the year 2000:

100 per cent of employers and employees and employee organizations will be aware of work-related contributors to good mental health.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide workshops to educate employers and employees about mental health.

b) Educate employers and employees about the relationship between self-esteem, motivation and job productivity and job satisfaction.

c) Encourage employers to provide access to mental health information for employees.

d) Incorporate employee wellness programs.

e)Educate employees about current labour laws.

f) Encourage employers to provide stress management workshops for employers and employees.

How to Create Supportive Environments

a) Ensure that new employees receive orientation training when they begin a new job.

b) Encourage employers to motivate staff by giving them a sense of achievement.

c) Conduct regular staff meetings so employees can air their complaints, offer suggestions for change and be more productive employees.

d) Conduct workplace workshops using techniques such as role playing which help people to view situations from another person's point of view. Emphasize the importance of compromise.

How to Build Healthy Public Policy

Encourage policy makers to enforce legislation making work environments safe.

Objective:
By the year 2000:

More than 75 per cent of the population will live in a positive, supportive environment.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide education to enhance people's ability to manage and cope with change.

b) Educate the public about the special needs of elderly and people with disabilities.

c) Change school curriculum to show a more accurate and positive picture of aboriginal life and culture.

How to Create Supportive Environments

a) Create supportive environments by:

- addressing issues such as gender stereotyping and discrimination in the community and the workplace
- meeting basic needs such as accessible, affordable, acceptable housing, access to nutritious food and income security
- reducing unrealistically high expectations put on children by parents and teachers

- making physical education and activity classes less stressful
- providing career exploration and counselling for children so they have a better understanding of a career with which they would be happy
- providing work programs as a positive experience for children who achieve lower marks in school
- including elders as part of spiritual healing for aboriginal people

b) Promote healthy family lifestyles through family-oriented activity and workshops on family living and communication.

c) Reduce the stress of the educational system by making admission to university based less on marks and more on personal qualities.

d) Encourage families to save and plan for children's post-secondary education.

e) Create supportive nursing home environments.

f) Ensure access to home care to enable people to live independently in the community.

How to Strengthen Community Action

Encourage community groups to:

- provide volunteer visits to and transportation for people who are confined to their homes
- help people complete forms for services and benefits such as old age pension
- develop mutual aid community support programs to offer support to people in times of need

Objective:
By the year 2000:

More than 75 per cent of people with mental illnesses and their care-givers will live in a positive, supportive environment.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Reduce stigma associated with mental illness by educating the public about the facts.

b) Educate the public, employers and landlords about the special needs of mentally ill people living in the community.

How to Create Supportive Environments

Create supportive environments by:

- establishing appropriate housing options for the mentally ill
- developing viable employment opportunities for those with mental illness, including sheltered employment, transitional employment and supported employment
- providing a stable and adequate level of income support for people who are mentally ill
- creating drop-in centres with a day rehabilitation program

How to Strengthen Community Action

Encourage community groups and agencies to:

- develop self-help programs that provide families with opportunities to meet with and benefit from experiences of other families
- develop family support programs

How to Reorient Health Services

Reorient health services to:

- provide an outreach, quick response crisis intervention program for people with mental illness
- include a short-term, community-based stabilization unit for people who can be quickly stabilized without hospitalization

Objective:
By the year 2000:

More than 75 per cent of the population will live with a sense of personal health and well-being.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Increase awareness that people can have control over their lives.

b) Make information available to people on the skills they can develop to increase personal control.

c) Encourage the development of courses and workshops in problem-solving techniques and processes.

How to Create Supportive Environments

Create supportive environments by:

- addressing issues such as gender stereotyping and discrimination in the community and the workplace
- meeting basic needs such as accessible, affordable, acceptable housing, access to nutritious food and income security

How to Strengthen Community Action

Encourage communities to sponsor educational workshops on taking control of one's life.

How to Reorient Health Services

a) Provide mental health workers as consultants and participants in school management teams to promote mental health and crisis prevention.

b) Encourage health services providers to involve people in decision making when it comes to their own health.

Objective:
By the year 2000:

More than 75 per cent of the population will experience personal control over their lives.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Let people know they can take responsibility for their own health and destiny.

b) Teach decision-making skills to children in schools and adults in community colleges and in seniors centres.

c) Teach people of all ages to learn from their mistakes.

How to Create Supportive Environments

a) Ensure that pension laws and provisions are adequate to enable people to plan for retirement.

b) Create supportive environments which help people plan for retirements so they have enough financial resources.

How to Reorient Health Services

a) Orient health service providers to health promotion and the importance of good mental health.

b) Recognize the potential benefit of traditional healers and traditional healing methods.

Objective:
By the year 2000:

More than 80 per cent of the population will feel safe and secure in their home and community.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide courses which promote equality of the sexes.

b) Teach parents, educators and children about what to do when they identify an abusive situation.

c) Ensure that self-defense courses are available.

d) Give children who are potential victims assertiveness skills in dealing with exploitive situations.

e) Encourage rehabilitation programs for people who are accused of abusing others.

How to Create Supportive Environments

a) Implement "Block Parent"-type programs to ensure safe refuges when they are needed.

b) Make neighborhoods safe. For example, ensure neighborhoods are adequately lighted.

c) Make crisis intervention lines and services available and accessible to victims of family violence.

d) Make shelters available to those who need them.

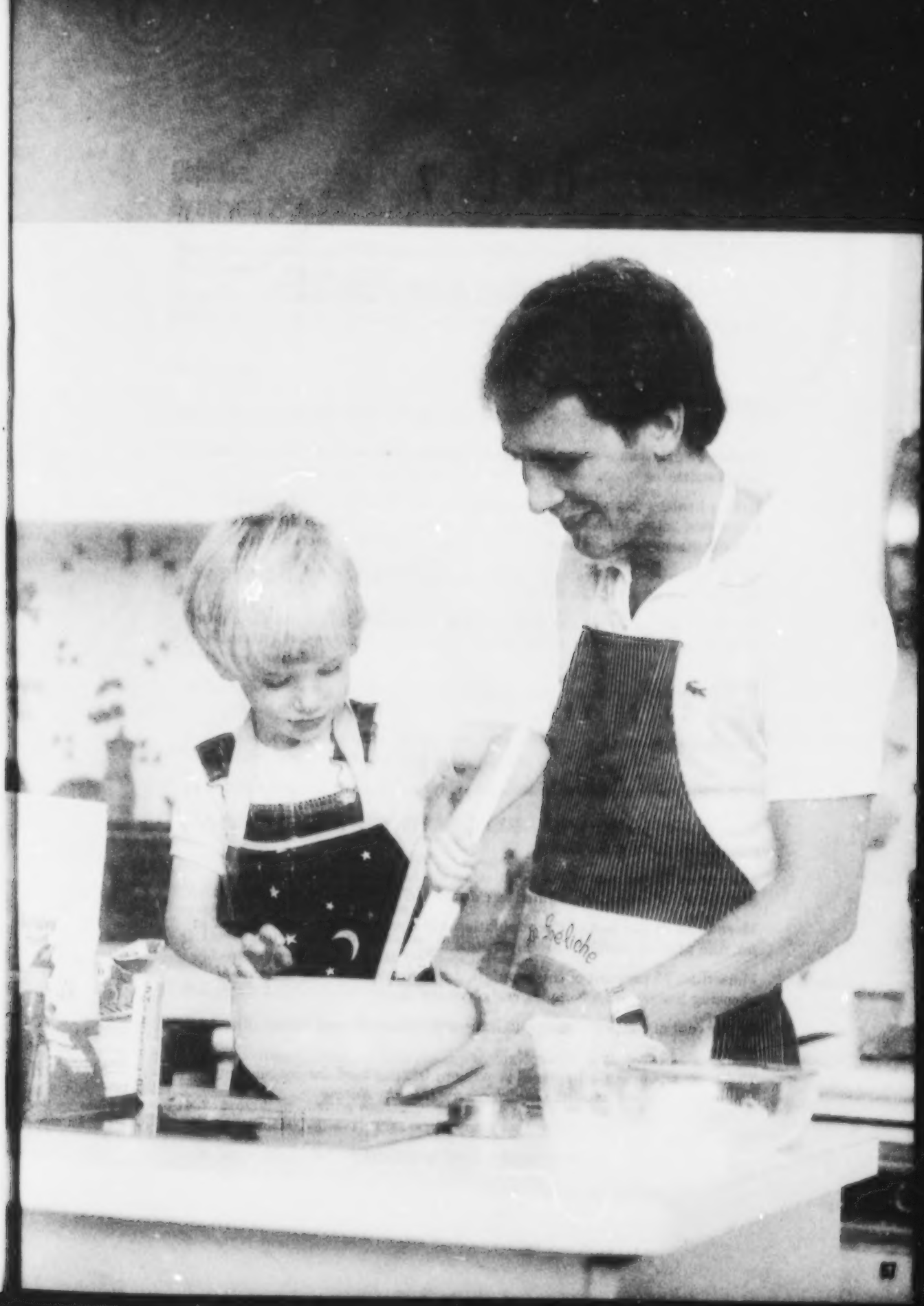
e) Provide counselling and treatment programs for people who are abused and those who are abusers.

f) Educate children about sexuality and problems in sending mixed messages about their own sexuality to other people.

How to Strengthen Community Action

a) Promote and implement community-based crime watch programs.

b) Discourage the portrayal of senseless violence in the media



GOAL 7

Improved Nutrition of the Population

Eating a variety of nutritious foods is important to promote and maintain good health.

Eating healthy foods will supply recommended amounts of all essential nutrients, help maintain a healthy body weight, and reduce the risk of chronic disease such as heart disease and cancer.

Some Saskatchewan residents either do not choose or do not have access to healthy food on a regular basis.

Healthy food can be inexpensive and easy to prepare, and it can taste good too.

OBJECTIVES:

By the year 2000:

More than 75 per cent of the population will eat foods following *Canada's Guidelines for Healthy Eating*.

More than 75 per cent of the population will be aware of the general directions for eating as outlined in *Canada's Guidelines for Healthy Eating*.

More than 75 per cent of the population will consume diets that are low in fat, and high in complex carbohydrate.

More than 75 per cent of the population will be aware of the benefits of choosing low fat, high complex carbohydrate diets.

99 per cent of the population will have access to sufficient food on a daily basis.

75 per cent of public places will provide nutritious food choices allowing patrons to follow *Canada's Guidelines for Healthy Eating*.

Objective:
By the year 2000:

More than 75 per cent of the population will eat foods following *Canada's Guidelines for Healthy Eating*.

More than 75 per cent of the population will be aware of the general directions for eating as outlined in *Canada's Guidelines for Healthy Eating*.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Educate the public about messages in the Guidelines using a variety of media including community tv, SCN tv, and dramatic messages on radio and in newspaper articles.

b) Use innovative methods to reach the population such as comic books, computer games and magazines. Cartoon characters can teach children about health, including information in the Guidelines. Story books using the same character can be used to reinforce the message.

c) Provide nutrition education programs to high-risk people and groups.

d) Educate food producers and suppliers about the information contained in the Guidelines.

e) Include current nutrition information in home economics and health curricula at all division levels.

f) Promote culturally appropriate nutrition educational materials such as Canada's Food Guide for aboriginal people.

g) Provide hospital patients and their families with nutrition information.

h) Incorporate nutrition information into second language training for immigrants. Reinforce positive eating habits and encourage adoption of new habits only where needed.

i) Reinforce the responsibility of role modelling to health service providers via the educational process.

j) Develop nutrition information materials which accommodate different literacy levels and ages in the population.

How to Create Supportive Environments

a) Make it easier for families to choose healthy food by:

- encouraging food manufacturers to cut down on nonessential ingredients such as salt, fat and sugar in their food products
- providing healthy food alternatives in public eating places such as the workplace, cafeterias, at conferences and in restaurants
- increasing the availability of low-fat dairy products

- implementing a nutrition labelling program so consumers can immediately identify food products which are nutritious and meet certain criteria
- encouraging healthy foods as alternatives such as fresh fruit stands in public places

b) Support good nutrition in day care centres.

c) Create supportive environments for people living on their own by increasing the number of healthy food products which are available in small quantities.

d) Establish garden plots and/or coordinate community gardens for people in urban areas.

e) Set up and support available and accessible farmers' markets in urban centres.

How to Strengthen Community Action

a) Encourage community groups to positively influence the kinds of food and types of preparation of food sold in restaurants, schools, workplaces and stores.

b) Coordinate nutrition programs developed by non-governmental organizations such as the Canadian Cancer Society and Heart and Stroke Foundation of Saskatchewan and Canada.

c) Promote Saskatchewan producers who have healthy food products.

d) Encourage community councils to fluoridate their water supply.

e) Encourage partnership building among agencies to ensure a clear and consistent nutrition/lifestyle message.

f) Fund community-based nutrition presentations.

How to Reorient Health Services

a) Ensure there are enough public health nutritionists in the communities to meet at least minimum standards.

b) Liaise with health professionals and the food industry to influence the nutritional content of foods.

c) Focus health service providers on recognizing the risk factors associated with nutrition, using the Guidelines as a standard.

d) Encourage mutual support for healthy living practices, including good nutrition, adequate exercise, smoking cessation and decreased alcohol use.

e) Ensure that nutrition education information is included in the training of aboriginal health workers, elementary, health and physical education teachers.

f) Encourage referrals to dietitians and nutritionists by other health service providers.

g) Ensure medical doctors' offices have access to qualified nutrition counselling services.

h) Educate health service providers on the effective use of media so they can effectively provide health promotion messages.

Objective:
By the year 2000:

More than 75 per cent of the population will consume diets that are low in fat, and high in complex carbohydrate.

More than 75 per cent of the population will be aware of the benefits of choosing low fat, high complex carbohydrate diets.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Educate the public about the importance of low-fat, high-complex carbohydrate foods and on the availability of low-fat protein sources.

b) Educate the public about ways to adapt traditional family recipes to reduce the fat content.

c) Inform the public about the availability of counselling from nutritionists and dietitians.

d) Inform the public about the availability of cooking courses such as the "Heart Smart" course from the Heart and Stroke Foundation of Saskatchewan to promote low-fat, low-salt cooking.

How to Create Supportive Environments

Create supportive environments by:

- increasing the availability of good tasting, easy-to-cook, low-fat, high-complex carbohydrate recipes
- encouraging fast food restaurants to lower the fat content of their menu items

How to Strengthen Community Action

a) Foster more community discussions about overall health on an ongoing basis rather than the single event approach now used in most places.

b) Encourage community-based programs about healthy lifestyle such as the "Taking Control" program developed by the Canadian Cancer Society.

c) Encourage partnership building of all agencies who are stakeholders in nutrition and health promotion.

How to Build Healthy Public Policy

a) Encourage policy makers to:

- allow accurate health messages in food advertising
- establish acceptable food ads for use at different times of day on tv and with different media audiences

b) Ensure that advertising includes realistic and consistent health messages.

How to Reorient Health Services

a) Encourage health service providers to:

- work together as a team in promoting healthy lifestyle messages that include nutrition information
- provide hospital patients with nutrition and dietetic counselling as an ongoing program.

b) Ensure there are enough outpatient dietitians to meet the need for therapeutic diet counselling.

Objective:
By the year 2000:

99 per cent of the population will have access to sufficient food on a daily basis.

Strategies:

How to Develop Personal Skills Through Education and Information

Establish self-help cooking and buying classes and clubs.

How to Create Supportive Environments

a) Encourage the use of land foods in the North.

b) Provide food subsidies or transportation subsidies to the North where food costs are high due to high transportation costs.

How to Strengthen Community Action

Develop community gardens to grow food for people in need. Communities could arrange transportation to the community garden plots as required.

How to Build Healthy Public Policy

Encourage policy makers to:

- review Social Services allowances to ensure they are adequate to meet basic needs.

- develop family support and education programs which address the root causes of the problem, not just supply food

How to Reorient Health Services

Encourage Indian bands to employ qualified nutritionists as the responsibility for health is transferred to band control.

Objective:
By the year 2000:

75 per cent of public places will provide nutritious food choices allowing patrons to follow *Canada's Guidelines for Healthy Eating*.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Inform the public about restaurants which provide low-fat alternatives on their menus.

b) Educate food service managers and chefs about the benefits of incorporating low-fat menu items.

c) Encourage the adoption of "Heart Smart" choices into restaurants.

How to Create Supportive Environments

a) Work with food producers to provide nutritious foods in vending machines in facilities such as schools, recreations centres, hockey rinks, and hospitals.

b) Encourage event facilitators to serve nutritious foods at meetings and community events.

How to Strengthen Community Action

a) Encourage school boards to adopt a policy on serving nutritious foods in schools.

b) Encourage organizations who sell food for fund raising to promote healthy foods.

How to Build Healthy Public Policy

a) Promote cooperation to adopt nutrition policy between federal, provincial and municipal governments, NGOs, business and industry and aboriginal groups.

b) Encourage hospitals and school boards to adopt policies on serving nutritious foods in cafeterias.

GOAL 8

Improved Health Through Increased Physical Activity

Daily physical activity is a major contributor to health and well-being, and to preventing illness.

Physical activity provides many benefits. It:

- provides fun, relaxation and social activity
- improves body image and positive self-perception
- reduces tension, anxiety and depression
- provides a sense of well-being
- extends one's life span
- promotes good posture through increased muscular strength and endurance
- improves flexibility
- significantly reduces cardiac risk due to heart attack, stroke and hypertension
- lowers blood cholesterol
- aids in weight control
- stimulates physical growth and development
- slows the aging process
- stimulates and maintains bone metabolism reducing the onset of osteoporosis
- improves digestion and elimination

OBJECTIVES:

By the year 2000:

85 per cent of the population will be aware of the benefits of regular physical activity.

More than 90 per cent of the population will participate in regular physical activity.

More than 60 per cent of the population will participate in regular physical activity of such an intensity that it improves cardiovascular health.

Objective:
By the year 2000:

85 per cent of the population will be aware of the benefits of regular physical activity.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Use diverse media to educate all age groups about the benefits of regular physical activity.

b) Reinforce the value and benefits of regular physical activity with health service providers, school principals and teachers, home and school association representatives, school boards and trustees, parent groups, employers, adult and child daycare workers, and municipal officials.

c) Use electronic bulletin boards, computer games and quizzes, long distance education technology to spread the message.

d) Encourage hospitals to develop and deliver physical activity programs to patients and staff.

How to Create Supportive Environments

Encourage public and private sectors to include healthy lifestyle messages as part of their regular information and advertising programs.

How to Strengthen Community Action

Encourage and support intercommunity and intracommunity fitness challenges and events.

How to Build Healthy Public Policy

Encourage networking and information sharing between government departments, municipal authorities, provincial libraries, public health, occupational health, and faculties and colleges of education and physical education.

How to Reorient Health Services

Encourage health service providers to initiate cooperative and coordinated action with community health promotion groups to develop and implement educational and informational programs.

Objective:
By the year 2000:

More than 90 per cent of the population will participate in regular physical activity. (Baseline: In 1988, 79 per cent)

Strategies:

How to Develop Personal Skills Through Education and Information

a) **Develop and implement programs which increase the skill of physical activity, health and recreation professionals and community leaders in involving target population in planning, implementing and evaluating physical activity programs.**

b) **Use newsletters to motivate, inform, and share information on effective community physical activity programs.**

How to Create Supportive Environments

a) **Stimulate and motivate community leaders to emphasize the need for all residents to participate in regular physical activities.**

b) **Encourage small town and urban communities to increase the availability of trained recreation and physical activity resource people.**

c) **Provide environments which support an "active living concept" and include scenic walking, bicycle trails, cross country ski trails, mall walking, and clearing side walks in winter.**

d) **Provide environments which enable seniors and people with physical disabilities to participate in activity by providing park benches for people to rest during their walk, wheel-chair ramps, sloping side walk curbs and wheelchair-accessible doors.**

e) **Increase the availability of and access to major facilities such as pools, rinks and gymnasiums by eliminating regulatory barriers.**

f) **Encourage intercommunity planning and co-operation in developing, operating and scheduling of facilities.**

g) **Increase employer participation in encouraging employees to participate regularly in physical activities by providing incentives, time and access to facilities and programs.**

How to Strengthen Community Action

a) **Encourage and support community groups to become involved in identifying, developing and implementing physical activity programs of their choice.**

b) Continue to use volunteers to encourage and organize participation.

c) Keep communities and volunteers informed of opportunities through Fitness Canada. Identify and promote programs which have been successful in other communities.

d) Encourage cooperation between different segments of the community to ensure that children, seniors, people with handicaps and other disadvantaged groups are involved in planning and have access to physical activity programs.

How to Build Healthy Public Policy

a) Encourage policy makers to give daily physical education a higher priority for all grades from kindergarten to grade twelve.

b) Encourage the Department of Education to endorse and support "Canadian Association for Health, Physical Education and Recreation's (CAHPER) Quality Daily Physical Education" program in every school.

c) Ensure public access to facilities such as school gyms and community centres.

How to Reorient Health Services

Increase cooperation and coordination between health promotion agencies and health service providers in encouraging and supporting physical activity programs.

Objective:
By the year 2000:

More than 60 per cent of the population will participate in regular physical activity of such an intensity that it improves cardiovascular health. (Baseline: In 1988, 31 per cent)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Increase the number of people who are aware of programs such as the Fitness Appraisal Certification and Accreditation (FACA) Program offered by the Canadian Association of Sport Sciences (CASS).

b) Let people know how quickly they can achieve cardiovascular health benefits.

c) Let people know of the other benefits of more intense exercise such as stress reduction, fat reduction and increased energy.

How to Create Supportive Environments

a) **Increase the availability of testing facilities and certified diagnosticians and exercise prescriptionists.**

b) **Encourage employers to help employees to access facilities and allow time for participation in fitness activities.**

c) **Encourage employers to develop on-site facilities and programs.**

d) **Encourage the development of facilities, leadership and programs to ensure easy access to physical activity programs.**

How to Strengthen Community Action

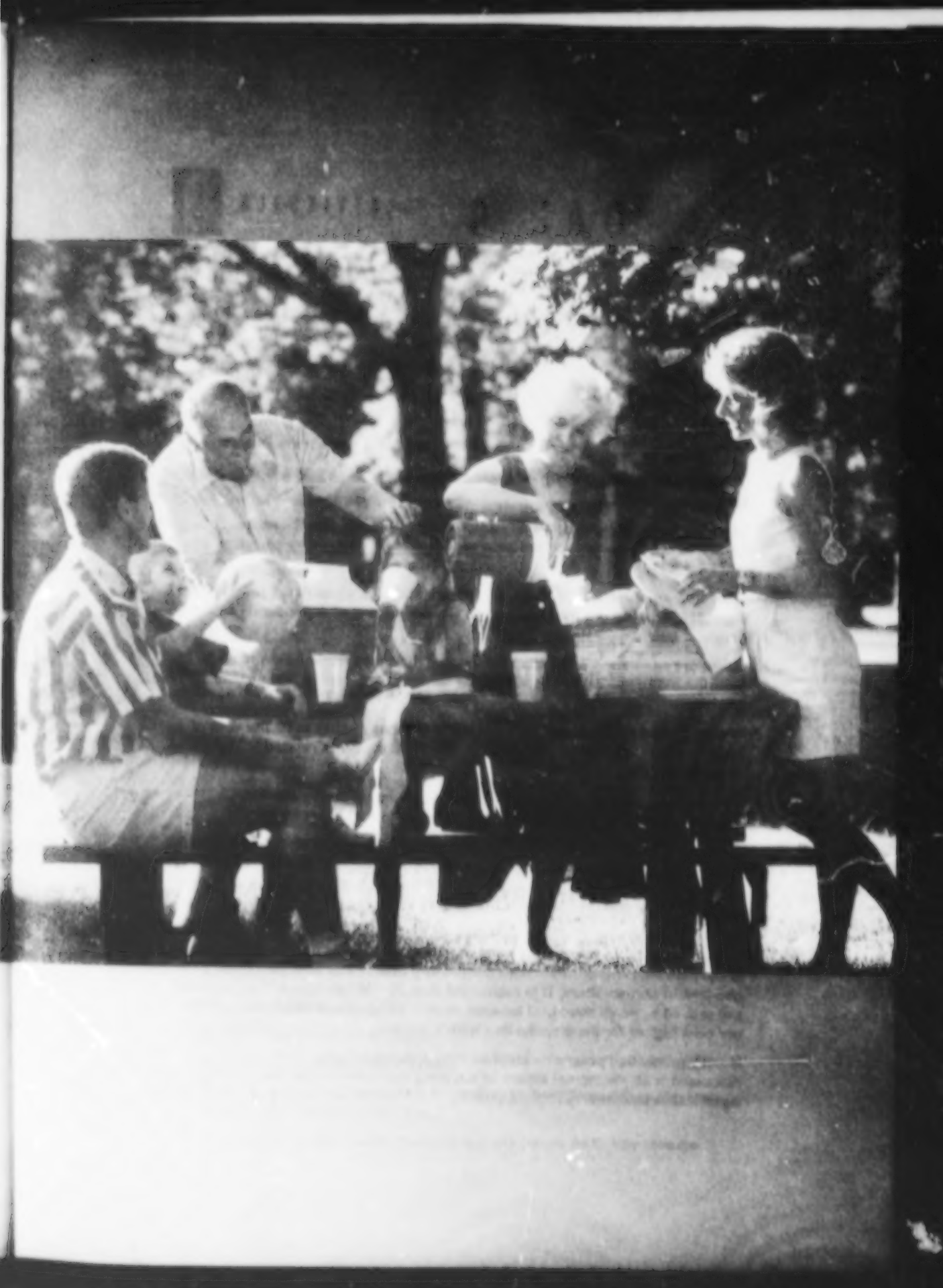
Encourage community groups to organize accessible drop-in fitness activities along with the regularly-scheduled programs.

How to Build Healthy Public Policy

Encourage policy makers to enact legislation to ensure that people who are running gyms, fitness clubs and aerobics classes are qualified to do so.

How to Reorient Health Services

Encourage physicians and other health service providers to educate patients on the benefits of cardiovascular fitness.



GOAL 9

Reduced Use of Tobacco

Tobacco includes cigarettes, pipe, snuff, chewing tobacco and environmental tobacco smoke (ETS).

Smoking is six to eight times as addictive as alcohol and in the same addictive range as cocaine and heroine. Chewing tobacco is as addictive as smoking.

Most new smokers are children. As tobacco is the gateway drug, prevention of cigarette smoking is a high priority in the prevention of dependence on all drugs.

There are more than 1400 smoking-related deaths in Saskatchewan each year. Smoking has caused more deaths than all other drugs and alcohol combined.

Forty per cent of all cancers are related to tobacco. Eighty to 92 per cent of lung cancer is associated with tobacco use. Oral cancer is related to the use of chewing tobacco.

Twenty to 40 per cent of heart disease deaths are caused by smoking. Cigarette smoking is one of the three major factors of heart attack.

Smoking during pregnancy leads to several problems such as stillbirths, crib deaths, low birthweight infants and birth defects such as cleft lip and palate. Smoking may also be related to lower intelligence, lower math scores, lower reading scores and developmental problems in youngsters born to smoking mothers.

Environmental tobacco smoke also contributes to illness and death. Children of parents who smoke have more respiratory illness and allergies than children of non-smokers. It is estimated that 20 - 30 per cent of lung cancers are caused by environmental tobacco smoke. Lung cancer rates are 35 - 53 per cent higher for people who live with a smoker.

Health promotion programs emphasizing non-use of tobacco should be discussed with aboriginal elders as smoking and tobacco use has cultural significance to many aboriginal people.

OBJECTIVES:

By the year 2000:

More than 90 per cent of youth (12 - 18 years old) will not use tobacco products.

More than 85 per cent of adults will not use tobacco products.

100 per cent of schools (including post- secondary institutions) will be smoke-free.

75 per cent of workplaces will be smoke-free.

100 per cent of acute health care facilities will be smoke-free.

85 per cent of public places will be smoke-free.

75 per cent of the population will be aware that smoking is a leading risk factor for heart and lung disease and cancer, and is addictive.

Objective:
By the year 2000:

More than 90 per cent of youth (12 - 18 years old) will not use tobacco products. (Baseline: In 1986, 69 per cent)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Provide teachers with more information and relevant, interesting educational materials on smoking approved and encouraged by Saskatchewan Education.

b) Incorporate at least five to ten hours of instruction on the hazards of smoking in each division.

c) Help children to develop refusal skills through education such as the *Your Choice Our Chance* program. Teach them how to say no to peer pressure.

d) Educate children about the:

- addicting potential of tobacco
- problems of second-hand smoke

e) Educate and supply materials to vendors to help them follow the laws and not sell tobacco to children.

f) Educate the public about the legal age one has to be to buy tobacco products.

How to Create Supportive Environments

a) Provide peer counselling. For example, older students could teach younger children about the benefits of not smoking and focus on the immediate benefits such as fresh breath and increased energy.

b) Encourage vendors to store cigarettes out of sight.

c) End the use of vending machines for the sale of tobacco products.

d) Eliminate smoking at locations where children gather such as curling and skating rinks, recreations centres, pools and community halls.

How to Strengthen Community Action

a) Encourage parents and other adults to be positive role models thereby reinforcing the education children receive in schools.

b) Key professionals who are role models for children such as teachers, doctors, nurses, coaches, sports celebrities, club leaders, legislators and parents should be made aware of their influence and be encouraged not to smoke.

c) Provide community- based education on non-smoking.

d) Encourage community groups to set up "Clean Air" organizations and create supportive non-smoking environments in the home, workplace and public buildings.

e) Encourage the public to speak up if they see someone selling cigarettes to a minor.

f) Make smoking cessation information and programs available to youths.

g) Encourage community groups to lobby government to take a definitive stand for non-smoking by establishing and enforcing legislation that restrict youth's access to tobacco.

How to Build Healthy Public Policy

a) Restrict youth's access to tobacco through provision and enforcement of legislation on sales.

b) Initiate more restrictive licensing so people who sell tobacco to minors would face stiff penalties, including losing their license to sell tobacco.

c) Raise the legal age to purchase tobacco to 19.

d) Require proof of age before tobacco can be sold.

e) Enforce legislation saying that vendors must display signs about selling tobacco to minors.

f) Increase the cost of tobacco both through increasing the real price and the amount of tax. Channel the additional money into health promotion activities.

g) Expand public health inspectors' role to include enforcement, if feasible.

How to Reorient Health Services

Establish a toll-free telephone number for people who want information on non-smoking.

Objective:
By the year 2000:

More than 85 per cent of adults will not use tobacco products.
(Baseline: In 1985, 70 per cent)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Educate the public about options available to quit smoking.

b) Publicize the successes of smoking cessation programs.

c) Investigate the role of computers, fibre optics and long distance telecommunication in sending health promotion messages to rural Saskatchewan.

d) Increase awareness of the availability of smoking cessation programs which can be obtained from health agencies.

e) Educate the public about the impact of smoking during pregnancy.

How to Create Supportive Environments

a) Make smoking cessation programs available to everyone. Let people know of their availability through a variety of sources such as newsletters, posters, libraries, small information cards for physician use.

b) Establish more smoking cessation programs in rural areas.

c) Implement programs to help adults develop refusal skills.

d) Use peer counselling to help adults quit smoking.

e) Inform employers that they have the option of hiring only non-smokers.

f) Support the national promotion "Weedless Wednesday" and National Non- smoking Week.

g) Abolish sales of duty free cigarettes at entry points at borders.

How to Strengthen Community Action

a) Develop community buddy programs between people who want to quit smoking and those who have successfully done so.

b) Develop programs for spouses who are trying to quit smoking.

c) Support community groups who encourage non-smoking.

d) Promote non-smoking at community meetings.

How to Build Healthy Public Policy

Increase the real price of tobacco products.

How to Reorient Health Services

a) **Encourage physicians to promote non-smoking and refer patients to appropriate smoking cessation programs and agencies in the community.**

b) **Encourage physicians to provide counselling for people with lifestyle behaviours that increase the hazards of smoking.**

c) **Revise the Medical Care Insurance Branch Payment Schedule to more appropriately reward efforts directed at health maintenance and promotion.**

d) **Prenatal classes should actively promote smoking cessation and be a ready resource for providing information on ways to quit and on sources of smoking cessation programs.**

Research/Evaluation

a) **Evaluate the effectiveness of smoking cessation programs.**

b) **Fund research to determine the best ways to get health promotion message across to high-risk groups.**

Objective:
By the year 2000:

100 per cent of schools (including post-secondary institutions) will be smoke-free.

Strategies:

How to Develop Personal Skills Through Education and Information

Educate school personnel about the health effects of environmental tobacco smoke.

How to Create Supportive Environments

Publicize the schools which are smoke-free.

How to Strengthen Community Action

a) **Encourage school boards to make schools smoke-free. Community groups and organizations could contact schools that are not smoke-free and encourage them to adopt a smoke-free policy.**

b) **Encourage post-secondary administrative departments to designate buildings smoke-free.**

c) **Educate volunteer organizations to promote smoke-free spaces for children.**

How to Build Healthy Public Policy

a) Introduce school board legislation to prohibit smoking in schools.

b) Encourage administration departments in post-secondary institutions to legislate non-smoking in all campus buildings.

Objective:
By the year 2000:

75 per cent of workplaces will be smoke-free.

Strategies:

How to Develop Personal Skills Through Edcuation and Information

a) Provide education programs to employers to increase their awareness of the fact that they have the power to set up a smoke-free workplace.

b) Publicize the benefits of having a smoke-free workplace.

How to Create Supportive Environments

a) Make cessation programs available to employees.

b) Publicize the workplaces in your community which are smoke-free.

How to Strengthen Community Action

Encourage professional associations to take stands and lobby for policies on non-smoking in the workplace.

How to Build Healthy Public Policy

a) Encourage federal, provincial and municipal governments to introduce legislation prohibiting smoking in the workplace.

b) Encourage Occupational Health and Safety to recognize the hazardous effects of environmental tobacco smoke in the workplace.

Objective:
By the year 2000:

100 per cent of acute health care facilities will be smoke-free.
(Baseline: In 1988, 90 per cent)

Strategies:

How to Develop Personal Skills Through Education and Information

Encourage students in health professions to recognize their responsibility as role models.

How to Create Supportive Environments

Encourage hospital boards to offer smoking cessation programs to patients and staff. Hospitals should support patients and staff who are trying to quit smoking and help them prepare to enter a smoking environment.

How to Strengthen Community Action

a) Encourage hospital boards to make hospitals smoke-free. Community groups and organizations could contact those who are not smoke-free and encourage them to adopt a smoke-free policy.

b) Encourage the Health Care Association to promote hospitals which are totally smoke-free.

c) Publicize the health care facilities which are smoke-free.

How to Build Healthy Public Policy

a) Introduce hospital board legislation to prohibit smoking in hospitals.

b) Make non-smoking a requirement of maintaining accreditation.

Objective:
By the year 2000:

85 per cent of public places will be smoke-free.

Strategies:

How to Develop Personal Skills Through Education and Information

a) Use the media to educate the public about:

- the health effects of environmental tobacco smoke
- which places in the community are smoke-free

b) Publicize the public places which are smoke-free.

How to Create Supportive Environments

Restaurants should assign seating to reflect that 70 per cent of the population does not smoke.

How to Srengthen Community Action

a) Encourage professional associations to take stands and lobby for policies on non-smoking in the workplace.

b) Encourage the development of smoke-free public places through contact with local merchants and local governments.

How to Build Healthy Public Policy

a) Encourage federal, provincial and municipal governments to introduce legislation prohibiting smoking in the workplace.

b) Encourage provincial legislators to introduce and enforce non-smoking legislation for public places.

Objective:
By the year 2000:

75 per cent of the population will be aware that smoking is a leading risk factor for heart and lung disease and cancer, and is addictive. (Baseline: In 1990, 63 per cent of people (18 - 74 year olds) were aware smoking is related to heart disease.)

Strategies:

How to Develop Personal Skills Through Education and Information

a) Use all available media - public tv, advertising, public service messages- to increase public awareness of the content of tobacco and tobacco smoke and the health consequences of tobacco use.

b) Provide education in schools in all grades on the health hazards and addictive potential of tobacco.

c) Encourage the media to devote more time for health promotion messages.

How to Create Supportive Environments

a) Discourage sponsorship of sports events by tobacco companies or their subsidiaries.

b) Support National Non-smoking Week in the community.

c) Encourage community organizations to work with established agencies such as The Heart and Stroke Foundation, The Lung Association and The Cancer Society to develop and promote programs.

How to Build Healthy Public Policy

Encourage policy makers to:

- legislate provincial health messages related to tobacco use in addition to the federal messages
- legislate the posting of a large-lettered sign which is visible at all locations where tobacco products are sold indicating the health hazards of smoking
- legislate a total ban on tobacco advertising

How to Reorient Health Services

Promote the work of appropriately-trained health educators to provide the public with essential information on avoiding injury and disease.

Interested in Health Promotion in Your Community?

Steps to Health Promotion Action

- learn about different agencies and their services in your community
- talk to people about their health promotion needs
- choose a health issue which is seen as a priority such as:

  - equity
  - fitness
  - nutrition
  - mental health
  - accident prevention

  When in doubt, start with the one most likely to succeed and capitalize on existing programs, services and public education campaigns.
- choose who you want to get the message to: children, teens, parents, people in the workplace, retired people
- consider all the necessary resources such as people, money, materials, equipment, physical facilities and time to initiate and implement your program
- set short-term, intermediate and long-term goals for community programs
- choose educational methods which encourage people to become involved such as goal setting for behavior change, support groups/buddy systems and family change
- develop immediate incentives such as recognition for behavior change
- promote your program in a variety of ways such as through local radio/tv talk shows, public service announcements in the media, pamphlets and posters
- launch the program
- evaluate your program each step of the way
- distribute an evaluation summary asking participants how they feel about the program

For further information on promoting health promotion messages, contact Health Promotion Branch for a copy of the brochure "Community Resource Manual."

Glossary

Aboriginal: One of the original inhabitants of a country. In Canada, a person descended from Indians.

Air Quality Index: Transforms the measured concentration of air pollutants into a single number and descriptive term which represents both the measured and publicly perceived quality of the ambient air for a given period and location. In 1990, air quality was monitored in Regina and Saskatoon.

Baseline: A numerical value of a measure which is a) relevant to the quantitative target in the objective b) estimated or measured for the Saskatchewan population c) produced in accordance with accepted statistical procedures and d) as current as possible.

Canada's Guidelines for Healthy Eating: The guidelines were released by Health and Welfare Canada in March, 1990. The guidelines advise Canadians to enjoy a variety of foods with emphasis on grain products, vegetables, fruit and low fat products to achieve and maintain a healthy body weight and to limit salt, alcohol and caffeine.

Communicable Diseases: Includes all infectious diseases emphasizing the vaccine-preventable ones, sexually transmitted diseases, food and water-borne illness and tuberculosis.

Equity: Equity in health implies that members of all population groups have equal opportunities and resources to enable individuals and communities to achieve and maintain health.

Goal: Statement of broad direction, general purpose or interest. It may be unreachable and it is often unquantifiable.

Health: A positive state of physical, social and emotional well-being which makes possible a high quality of life for the individual, family, friends and communities.

Health Promotion: The process of enabling people to increase control over, and to improve their health. Unlike curative medicine, it focuses on good health rather than health problems and fosters the development of lifestyles and environments to enhance a state of health and well-being.

Health Status:	**The level of well-being of members in a population currently measured by indicators of the absence of physical, mental and social illness. An individual's relative condition of wellness or illness.**
Incidence:	**The number of new cases of a disease occurring within a specified time.**
Lifestyle:	**An individual's mode of living as affected by physiological, psychosocial, environmental, economic and religious influences.**
Medications:	**All legal drugs including prescription and over-the-counter drugs which are available only through health professionals.**
Nutrition:	**The science of food as it relates to optimal health and performance.**
Objective:	**A defined end result to be achieved in a set period of time. Objectives should be quantitatively measurable.**
Physical Activity:	**Any bodily movement resulting in energy expenditure.**
Physical Fitness:	**The general capacity to adapt and respond favourably to muscular effort.**
Prevalence:	**The number of existing cases of a disease at a particular time.**
Prevention:	**The avoidance of disease and/or its consequences.**
Strategy:	**A set of activities chosen to achieve long range objectives. It outlines directions to be followed so that all involved can work cost effectively and in unison.**
Substances:	**Includes alcohol, solvents, illegal drugs and prescription medications and over-the-counter drugs.**
Tobacco:	**Includes cigarettes, cigars, pipes, snuff, smokeless and chewing tobacco and environmental tobacco smoke.**
Training/Conditioning/Exercise:	**A planned program of physical activities directed toward improving the functional capacity of a particular bodily system or systems.**
Wellness:	**A state or condition of well-being.**

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Community Health - Treatment Services Branch, Saskatchewan Health

Consumers Association of Canada

Family Foundation

Health and Welfare Canada, Health Promotion Branch

Health and Welfare Canada, Medical Services Branch

Health Promotion Branch, Saskatchewan Health

Heart and Stroke Foundation of Saskatchewan

Imperial Life Assurance Company of Canada

Indian and Native Affairs Secretariat

Meadow Lake Tribal Council

Mental Health Services Branch, Saskatchewan Health

Namerind Housing Corporation

New Breed - Saskatchewan Native Communication Corporation

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Northern Health Services Branch, Saskatchewan Health

Occupational Health Nurses' Association

Policy and Health Economics Branch, Saskatchewan Health

Prescription Drug Services Branch, Saskatchewan Health

Prince Albert Tribal Council

Provincial Laboratory and Disease Control Services Branch, Saskatchewan Health

Rainbow Youth Centre

Regina Board of Education

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Saskatchewan Alcohol and Drug Abuse Commission
Saskatchewan Dietetic Association
Saskatchewan Education
Saskatchewan Environment and Public Safety
Saskatchewan Health Research Board
Saskatchewan Human Resources, Labour and Employment, Occupational Health and Safety Branch
Saskatchewan Indian Federated College
Saskatchewan Institute on the Prevention of Handicaps
Saskatchewan Lung Association
Saskatchewan Medical Association
Saskatchewan Native Addictions Council Corporation
Saskatchewan Public Health Association
Saskatchewan Registered Nurses' Association
Saskatchewan Safety Council
Saskatchewan School Trustees Association
Saskatchewan Teachers' Federation
Saskatchewan Seniors Fitness Association
Saskatchewan Urban Municipalities Association
Saskatchewan Workers' Compensation Board
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Saskatoon Tribal Council
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